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TO: Registration Section

CR2E079 (2/14)

Divis	ion of Corporations		
SUBJECT:	Monivox LLC		
	(Name of Limited Liability Company)		
The enclosed	d member, resignation or disso	ciation and fee	(s) are submitted for filing.
Please return	all correspondence concerning	g this matter to	;
Alex Ortiz			
	(Contact Person)		_
E Alex Ortiz	z, CPA, PA		
,	(Firm/Company)		_
2727 Ponce	e de Leon Blvd		
	(Address)		_
Coral Gable	es, FL 33134		
	(City/State and Zip Code)		_
For further in	nformation concerning this ma	tter, please call	:
Alex Ortiz,	CPA	305 at (340-2000
(N	ame of Contact Person)	_ `	e & Daytime Telephone Number)
Enclosed ple ■ \$25 Filing	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of thoo of State is:	e limited liability company as it appears on the records of the Florida Department nivox LLC
2. The Florida do L090000648	ument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Elias Augusto de Souza, hereby withdraw/resign as a	
Managing M	ember
	(Print Title)
of this limited li resignation in w	ibility company and affirm the limited liability company has been notified of my fitting.
Signature of I	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)