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COVER LETTER

Division of Corporations		
SUBJECT: Amarelo 2212 LLC		
(Name of Limite	d Liability Con	npany)
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:	
Marisa Pia Capua, Esquire		
(Contact Person)		_
Capua Law Firm, PA		
(Firm/Company)		_
301 Sunrise Drive, Suite 3BW		
(Address)		-
Key Biscayne, FL 33149		
(City/State and Zip Code)		-
For further information concerning this matter,	, please call:	
Marisa Pia Capua	305	439.5668
(Name of Contact Person)	(Arca Code	& Daytime Telephone Number)
Enclosed please find a check made payable to to \$25 Filing Fee		Pepartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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)

	e limited liability company arelo 2212 LLC	y as it appears on the records of the Florida Departmen	nt
2. The Florida doc L0900006969	•	er assigned to this limited liability company is:	16 UEC 22
3. The date this me	ember/manager withdrew/	12 19 2016	HA S
		hereby withdraw/resign as a	
(Print !	Name of Person Resigning)	, hereby withdraw/resign as a	
Member/Mar	ager	***·	
	(Print Title)	 '	
of this limited lia resignation in wi		n the limited liability company has been notified of my	У
J.	lew ywl issociating Member or Re		
Signature of D	issociating Member or Re	esigning Manager	
•	\$25.00 (Required) \$30.00 (Optional)		