

LO9000110750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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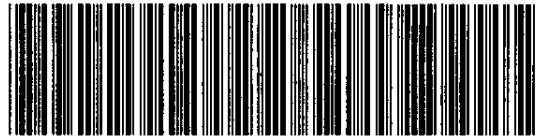
Special Instructions to Filing Officer:

**L. SELLERS**

**JAN 22 2010**

**EXAMINER**

Office Use Only



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10 JAN 21 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Resignation officers  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** L09000110750  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIS G. SCOCOZZA  
\_\_\_\_\_

(Name of Person)

DICE ENTERPRISES LLC  
\_\_\_\_\_

(Name of Firm/Company)

8388 NW 68 ST  
\_\_\_\_\_

(Address)

MIAMI FL 33166  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

LIS G. SCOCOZZA at ( 305 ) 885 2569  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2009

LIS G. SCOCOZZA  
8388 NW 68 STREET  
MIAMI, FL 33166

SUBJECT: DICE ENTERPRISES LLC  
Ref. Number: L09000110750

We have received your document for DICE ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 909A00037081



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DICE ENTERPRISES LLC.

2. This limited liability company was organized under the laws of:  
STATE OF FLORIDA.

3. The Florida document/registration number of this limited liability company is:  
L09000110750.

4. I, CESAR A CAMPOS, hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
10 JAN 21 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA