

L10000040021

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COQUI (USA) #3, LLC

Certificate of Status	0
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FLORIDA

LLC Dis/Resign.

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COQUI(USA)#3,LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ERNESTO SANCHEZ, ESQ.
(Contact Person)

ERNESTO SANCHEZ P.A.
(Firm/Company)

1313 Ponce de Leon Blvd. Suite #301
(Address)

Coral Gables FL 33146
(City/State and Zip Code)

For further information concerning this matter, please call:

Ernesto Sanchez at 305 441-2040
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☐ \$25 Filing Fee ☒ \$55 Filing 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

CR25079 (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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: COQUI(USA)#3,LLC

2. The Florida document/registration number assigned to this limited liability company is:
L10000040021

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 30, 2014

4. I, NERIDA P. MANTELLINI, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

* Nerida Mantellini *

Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)

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