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SECRETARY OF STATE

17 LLAHASSEE, FLORINA

JUL 0 8 2015 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: 347 SoMi, LLC			
(Name of Limited Liability Co	mpany)		
The enclosed member, resignation or dissociation and fee(	s) are submitted for filing.		
Please return all correspondence concerning this matter to:			
Richard Montes de Oca, Esq.			
(Contact Person)	_		
MDO Partners			
(Firm/Company)	_		
175 SW 7th Street, Suite 1900	ा हा वि	5	
(Address)		یے	
Miami, FL 33130	TANK	F-7	
(City/State and Zip Code)	in C	<del>-</del> P	
For further information concerning this matter, please call:	LORID	2: 45	
Richard Montes de Oca 305	704-8452	O1	
	e & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida I  \$25 Filing Fee  \$55 Filing	Department of State for: 3 Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	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)

	limited liability company as SoMi, LLC	s it appears on the records of the I	Florida I	Depai	rtment 
2. The Florida doct		ssigned to this limited liability co	ompany	is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	June	30, 2	2015
4. I, Print Name of Person Resigning)		, hereby withdraw/resign as	a		
Member	ame of terson resigning)				
	(Print Title)				
of this limited lia resignation in wr		e limited liability company has b	een not	_	of my
Signature of Di	ssociating Member or Resign	ning Manager	E CRI	تا	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		HASSEE, FLORIO	JUL - 7 PH 5 4	FILED