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	Registration Section Division of Corporations					
SUBJEC	The Stables Miami, LLC	;				
o Doing		(Name of Limited Liability Company)				
The encl	losed member, resignation or dis	ssociation and fee(s	s) are submitted for filing.			
Please re	eturn all correspondence concerr	ning this matter to:				
Yoalber	rt Gamboa					
	(Contact Person)		_			
The Sta	ables Miami, LLC					
	(Firm/Company)	74.PE	_			
8932 sv	w 129th terr.					
	(Address)	·	_			
Miami,	FL. 33176					
	(City/State and Zip Code)		_			
For furth	ner information concerning this r	matter, please call:				
Bernard	do Pimentel II	305 at (878-8775			
	(Name of Contact Person)		& Daytime Telephone Number)			
	d please find a check made payal Tiling Fee		Department of State for: 3 Fee & Certified Copy			
	T/COURIER ADDRESS:		MAILING ADDRESS:			
_	tion Section		Registration Section			
	of Corporations		Division of Corporations			
Clifton E			P.O. Box 6327			
	ecutive Center Circle see, 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)

The	Stables Miami, LLC	s it appears on the records of	the Florida Department
2. The Florida doc L1000007856	•	ssigned to this limited liabilit	ty company is:
Bernardo Pi	mentel II	signed or will withdraw/resig, hereby withdraw/resig	## S
(Print N	lame of Person Resigning) (Print Title)		LECTIONO,
resignation in wr	iting	ne limited liability company h	nas been notified of my
•	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	

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