L1000081121

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200249833952

07/18/13--01011--002 **25.00

JUL 1 9 2013 T CLINE SECRETARY OF STATE TALLAHASSEE, FLORIDA

7013 JUL 18 PM 12: 5

COVER LETTER

Division of Corporations	
SUBJECT: Mancho Gobert	4Sur
(Name of Lii	mited Liability Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	
MUSE AO NOEW (Contact Person)	
(Contact Person)	
Manche EstamSur (Firm/Company)	
19130 SIW 17744 (Address) MIUMI, Pl 33187 (City/State and Zip Code)	Ave
(Address)	
Miam, Pl 33187	2013 SEC FALL
(City/State and Zip Code)	A A A A A A A A A A A A A A A A A A A
For further information concerning this mat	tter, please call:
Mosello Nieto	tter, please call: at (454) 244-002 FES 25 25 25 (Area Code & Daytime Telephone Number) 25 25 to the Florida Department of State for: \$\infty\$ \$55 \text{Filing Fee & Certified Copy}
(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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:

Registration Section



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 of State is:	limited liability company as Muu (hu (554-41)	it appears on the records U Sn L $+$ C C	of the Florida Department
2. This limited liabi	lity company was organized	under the laws of:	
410000	ment/registration number of めりけん		npany is:
4.1, MUSTIN		, hereby resign as a	MGMM (Print Title)
of this limited liab resignation in wri	oility company and affirm th	e limited liability compar	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		2013 JUL 18 PH 12 SECRETARY OF ST