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#### **COVER LETTER**

Division of Corporations
SUBJECT: RUBEN PINON 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:
RUBEN PINON (Contact Person)
RUBEN PINON LLC (Firm/Company)
4400 NW 2ND ST (Address)  4400 NW 2ND ST  (Address)  11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4/AM/ F/ 33/26 (City/State and Zip Code)
(City/State and Zip Code)  For further information concerning this matter, please call:
RUBON PINON at (286 ) 930-1021 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\subseteq \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**TO:** Registration Section

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the	limited liability company as it appears on the records of the Florida Dep	artmen
of State is:	JUBEN RINON LLC	·
2. The Florida docu	ument/registration number assigned to this limited liability company is:	
4100000	· 88669	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 08//5/	2017
	nual , hereby withdraw/resign as a lame of Person Resigning)	
MG	(Print Title)	
of this limited lia	bility company and affirm the limited liability company has been notified	
resignation in wr	iting.	
Molagno	issociating Member or Resigning Manager	
Signature of Di	issociating Member or Resigning Manager	O
Filing Fee:	\$25.00 (Required) ~	
Cartified Conv.	\$30.00 (Optional)	