L10000097067

(Re	questor's Name)	
(Address)		
(Äddress)		
(Cit	y/State/Zip/Phone	e #)
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WY SARRIS

COVER LETTER

Division of Corporations				
SUBJECT: TAMANACO TECHNOLOGI	ES, LLC			
(Name of Limi	ted Liability Con	npany)		
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning to	his matter to:			
RONALDO R FIGUEROA, CPA		_		
(Contact Person)				
R FIGUEROA, P.A.				
(Firm/Company)		_		
3750 NW 87 AVENUE, SUITE 540				
(Address)		_		
DORAL, FL 33178				
(City/State and Zip Code)		_		
For further information concerning this matter, please call:				
RONALDO R FIGUEROA	305 at (273-1344		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g 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		

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 ap of State is: TAMANACO TECHNOLOGIES, L	
2. The Florida document/registration number assign L10000097067	ed to this limited liability company is:
3. The date this member/manager withdrew/resigned	d or will withdraw/resign is:
4. I, JUAN F FERNANDEZ (Print Name of Person Resigning)	hereby withdraw/resign as a
MEMBER (Print Title)	
of this limited liability company and affirm the limited liabi	Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	PALLAHASSES FE