

L10000116602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

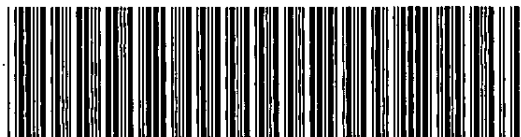
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900239999089

09/27/12--01015--017 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 SEP 27 PM 3:03

C. LEWIS
SEP 28 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West Miami Massage Warehouse Furniture LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Silvia Santana
(Contact Person)

West Miami Massage Warehouse Furniture LLC
(Firm/Company)

849 SW 69 Ave Miami FL 33144
(Address)

Miami FL 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

Silvia Santana at (305) 244-5489
(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:

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 SEP 27 PM 3:04

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 limited liability company as it appears on the records of the Florida Department of State is: West Miami Massage Warehouse Furniture LLC.

2. This limited liability company was organized under the laws of:

3. The Florida document/registration number of this limited liability company is:

110000111662

4. I, Dianelys Sudrez, hereby resign as a Manager
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Buissel

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required) ✓
Certified Copy: \$30.00 (Optional)