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COVER LETTER,

Division of Corporations	
SUBJECT: Mamtamoexa UC (Name of Limited Lia	ability Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
FSteban Aguila (Contact Person)	
Esteban's Place Beach Marriage (Firm/Company)	<u>jement</u>
407 Lincoln Road, Suite 8N (Address)	
Miami Boach, FL, 33139 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Esteban Aguila at (786) 327 - 4674 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	Florida Department of State for: 55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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 com	pany as it a	appears on t	he records of t	he Florida I	Depart	ment
of State is:	Mamtamocia	uc					<u></u>
2. The Florida docu	ıment∕registration nu 35603	mber assig	ned to this 	imited liability	company i	s:	
4.1. <u>SERMS</u>	mber/manager withd TIAN MOVE Time of Person Resigning	<u> </u>				17/W	120 -
<u>vipuer</u>	/ Directo v ·	·					
of this limited lial resignation in wri	pility company and a iting.	ffirm the li	mited liabil	ity company h	as been noti	fied o	f my
Signature of Di	ssociating Member o	r Resignin	g Manager				
	\$25.00 (Required \$30.00 (Optional				ALL ANALY	707A SED	Ø