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D. SCOTT DEC 1 2016

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Luamar Miami, LLC	
(Name of Limited Liabilit	y Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to:
Gabriel Bodner, Esq.	
· (Contact Person)	
Nautilus Legal Services, P.A.	
(Firm/Company)	
150 SE 2nd Avenue, Suite PH1	ALLEGATE TO
(Address)	30
Miami, FL 33131	SEEL TO BE
(City/State and Zip Code)	W
For further information concerning this matter, please	call:
Gabriel Bodner 305	514-0600
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	rida Department of State for: 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

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)

	ne limited liability company as i amar Miami, LLC	t appears on the records of the Florida I	Department
2. The Florida do	cument/registration number ass	signed to this limited liability company i	is:
L110000605	76		
3. The date this r	nember/manager withdrew/resi	gned or will withdraw/resign is:	16
4. I, Mariano E.	De Petra	, hereby withdraw/resign as a	
(Prin	t Name of Person Resigning)	, hereby withdraw/resign as a	
Manager			
	(Print Title)		
of this limited resignation in		e limited liability company has been not	FILLE MOV 30 MESSECRETARY O
Signature of	Dissociating Member or Resign	ning Manager	COF STA
Filing Fee:	\$25.00 (Required)		岩岩 约

Certified Copy:

\$30.00 (Optional)