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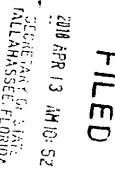
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
pies Certificates of Status			
Special Instructions to Filing Officer:			
(Business Entity Name) (Document Number) pies Certificates of Status			

Office Use Only



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COVER LETTER'

TO: Registration Section Division of Corporations		
SUBJECT: Bike Shop Caracas LLC		
	nited Liability C	Company)
The enclosed member, resignation or dissoc	iation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to	o:
Julio Trujillo		
(Contact Person)		-
(Firm/Company)		
201 SW 17 RD #417		
(Address)		
Miami, FL 33129		
(City/State and Zip Code)		
For further information concerning this matt	er, please cal	1:
Julio Trujillo	786	6175198
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: ng 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	s it appears on the records of the Flo	rida Department
of State is: Bike	Shop Caracas LLC		
2. The Florida doci		ssigned to this limited liability comp	Pany LAHASSEE
Hermes Cast	ellanos	igned or will withdraw/resign is:	R 13 AH 10: 5;
	ame of Person Resigning)	Hereby withdrawresign as a	10: 52 161 0810,
of this limited lial resignation in wr	iting.	ne limited liability company has beer	notified of my
Signature of Di Filing Fee: Certified Copy:	ssociating Member of Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	