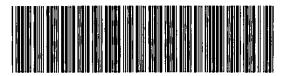
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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Tioreon William				
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COVER LETTER

TO: Registration Section Division of Corporations					
Division of Corporations					
SUBJECT: PURE WATER SUPERIOR LLC					
(Name of Limited Liability Company)					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
JOSE A. VILLAR CPA					
(Contact Person)					
(Firm/Company)					
3850 SW 87 AVE SUITE 301					
(Address)					
MIAMI, FL 33165					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
JOSE A. VILLAR 305 448-1648					
(Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$\begin{align*} \text{ \$\text{25} Filing Fee} \text{ \$\text{Certified Copy} } \end{align*}					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					

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)

		it appears on the records of the I	Florida Department	
of State is: PUF	RE WATER SUPERIOR LL	С	<u></u>	
2. The Florida doc	_	signed to this limited liability co	mpany is:	
3. The date this me	ember/manager withdrew/resign	gned or will withdraw/resign is:	07/01/2016	
4. I, Print	AROGLIA Tame of Person Resigning)	, hereby withdraw/resign as	a	
MANAGER				
of this limited lia resignation in wr	iting.	e limited liability company has b		
Signature of Di	is ociating Member or Resign	ing Manager	16 SE VISION	_
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		16 SEP 22 PH 1: 35	FILED