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EXAMINER

MARIA C. ARRIOLA VÉLEZ, P.A.

MARIA C. ARRIOLA VÉLEZ ATTORNEY AT LAW 35 ALMERIA AVENUE CORAL GABLES, FL 33134

TELEPHONE: (305) 461-9223
TELECOPIER: (305) 461-9498
E-MAIL: MVELEZ®VELEZLAWOFFICES.COM

September 5, 2012

By Certified Mail/RRR

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: So

Sons Future LLC

#L11000101811

Dear Sir/Madam:

Enclosed for processing are:

1. Resignation of Rodolfo Zoppis

2. Amendment to Articles

3. Check #0991 drawn on the account of Sons Future LLC at Bank of America in the amount of \$50 to cover the required fees

Very truly yours,

Maria C. Arriola Vélez

/encls

COVER LETTER

Division of Corporations			
SUBJECT: SONS FUTURE LLC			
(Name of Limited Lial	pility Company)		
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for		
Please return all correspondence concerning this ma	atter to:		
Maria C. Arriola Velez			
(Contact Person)			
Maria C. Arriola Velez PA			
(Firm/Company)	H H		
35 Almeria Avenue	SEP 10 PM 2: 3		
(Address)	7		
Coral Gables, FL 33134	31		
(City/State and Zip Code)	<u> </u>		
For further information concerning this matter, plea	ise call:		
Maria C. Arriola Velez at (305 ₎ 461-9223		
(Name of Contact Person) (Ar	rea Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the F	lorida Department of State for: \$55 Filing Fee &		
V 420 1 11111	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Evecutive Center Circle	P.U. BOX 0327		

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as NS FUTURE LLC	it appears on the records of the Floric	la Departme	nt
2. This limited liab	ility company was organized	under the laws of:		
3. The Florida doc L1100010	•	this limited liability company is:		
(Print Name of Person Resigning)		_, hereby resign as a Manager (Print Title) mited liability company has been notified of my		
resignation in wr	• •		ionned of n	iy
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	onior of Managor	MUSEP 10 PI	