## 2/1000105478

(Requestor's Name)
(Requestors Marrie)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2017 DEC 22 PM 6: 57

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: VERTEX 3, 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:		
GEORGES HADAD		
(Contact Person)		
(Ент-Соприну)	•	
7791 NW 46 Street, Suite 206		
(Address)	•	
DORAL, FL 33166		
(City/State and Zip Code)	<u>-</u>	
For further information concerning this matter, please call:		
GEORGES HADAD 305	457-8843	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:		
■ \$25 Filing Fee □ \$55 Filing	Fee & Certified Copy	
STREET/COURTER ADDRESS		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
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)

1. The name of the of State is:	e limited liability company as it appears on the records of the Florida Department RTEX 3, LLC.
2. The Florida doo	rument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. L MARCOS P	- · · · · · · · · · · · · · · · · · · ·
MANAGER	
	(Print Tule)
resignation in wi	ut 1
Signature <sup>1</sup> of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)