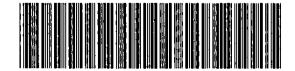
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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc)	ument Number)	
Certified Copies		s or Status
Special Instructions to Fi	ling Officer:	





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> 2013 JAN 24 AM III: 44 SECRETARY OF STATE

UAN 25 2017 D. BRUCE

COVER LETTER

Division of Corporations	
SUBJECT: BISCAYNE X PRO (Name of Limited Li	255 UC.
The enclosed member, managing member or mana filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Kevin Pagan	
Bisaujne Sprass	ue
Hol Biscours Blud, Mia	imanna Office :
Miami, FL 33132 (City/State and Zip Code)	N 24 N SEP
For further information concerning this matter, ple	ease call:
Name of Contact Derson) at (786 486 - 720 0 F Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)



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 it appears on the records of the Florida Department
of State is:	Biscayne Spress LLC.
	\bigcup Γ
2. This limited liab	ility company was organized under the laws of:
	ment/registration number of this limited liability company is:
4. 1. Pau	1 Fassbach, hereby resign as a MER (Print Title)
	pility company and affirm the limited liability company has been notified of my
	t alm
Signature of Resi	gning Member. Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)