## L11000129798

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

004/16

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: UNIENDO FUERZAS, LLC		
(Name of Lin	nited Liability Cor	mpany)
The enclosed member, resignation or dissoci	iation and fee(s	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
CLAUDIO MONEGRO		
(Contact Person)		<del>-</del>
(Firm/Company)	*** UI	_
8610 N SHERMAN CIRCLE, #508		
(Address)		<del>-</del>
MIRAMAR, FL 33025		
(City/State and Zip Code)	<u></u>	-
For further information concerning this matt	er, please call:	
CLAUDIO MONEGRO	954	673-9087
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable t  \$\begin{align*} \begin{align*} \begi	•	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## 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)

	limited liability company as it a	appears on the records of the Florida Department
2. The Florida doc L1100012979	-	ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ed or will withdraw/resign is:
4. I, CLAUDIO MONEGRO  (Print Name of Person Resigning)		
(Print N	lame of Person Resigning)	
MGR		
	(Print Title)	
of this limited lia resignation in wi		mited liability company has been notified of my
6/ac	relie money	
Signature of D	issociating Member or Resignin	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	