## 1120000 2726

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Statu	1S	
Special Instructions to Filing Officer:		

Office Use Only



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12/06/18--01023 -005 \*\*55.00



O SIMMONS DEC 1 2 2018

## **COVER LETTER**

TO: Registration Se Division of Co				
SUBJECT: DOBLE	A RECORDS USA, L	LC		
	npany)			
The enclosed member.	resignation or dissociat	ion and fee(s	s) are submitted for filing.	
Please return all corres	pondence concerning th	is matter to:		
BEATRIZ DE LA RU	IA			
	(Contact Person)		_	
FROEHLICH & DE I	-A RUA CPA FIRM			
	(Firm/Company)		_	
12008 SOUTH SHO	RE BLVD STE 210			
	(Address)		_	
WELLINGTON, FL 3	33414			
(Cit	y/State and Zip Code)		_	
For further information concerning this matter, please call:				
JOHN FROEHLICH	;	561	795-9500	
(Name of Co	ntact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  □ \$25 Filing Fee				
STREET/COURIER	ADDRESS:		MAILING ADDRESS:	
Registration Section			Registration Section	
Division of Corporatio	ns		Division of Corporations	
Clifton Building	. Chall		P.O. Box 6327	
2661 Executive Center Tallahassee, Florida 33			Tallahassee, Florida 32314	

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)

	e limited liability company as it appears on the reBLE A RECORDS USA, LLC	ecords of the Florida Department
2. The Florida doc	cument/registration number assigned to this limit	ed liability company is:
L1200000272	26	
3. The date this me	ember/manager withdrew/resigned or will withd	11/26/18 raw/resign is:
4 I BEATRIZ DE	E LA RUA	lraw/resion as a
(Print S	Name of Person Resigning). hereby withd	in a minimum and
MANAGER		
	(Print Title)	
of this limited lia resignation in wr	ability company and affirm the limited liability or riting.	ompany has been notified of my
	Stillen	
Signature of D	Dissociating Member or Resigning Manager	_
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	