#120000158/6

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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K.SALY EXAMINER JUN 3 0 2015



Division of Corporations

June 16, 2015

BECKLES & CO. MARIO BECKLES 14 NE 1ST AVE, STE. 805 MIAMI, FL 33132

SUBJECT: ANGRA LLC Ref. Number: L12000015816



We have received your document for ANGRA LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one member resignation document per fee. You have submitted three documents with only one fee. To file all three of these documents we will need the fees for the other two documents.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 015A00012557



June 26, 2015

Karen A. Saly Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Karen,

I received your letter dated June 16, 2015. I have enclosed the letter and the three resignation of member forms with this mailing. Also, I would like to disregard my request for certified copies and have the balance of \$55 applied to the regular filing for which is \$25. Given that I have three members that need to be removed from Angra LLC I have enclosed a check of \$20 to cover the \$75 filing fee for removing three members.

Kind Regards,

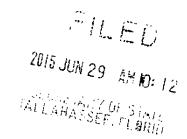
Mario Beckles, CPA Managing Director

COVER LETTER •

TO: Registration Section		
Division of Corporations		
SUBJECT: ANGRA LLC	Limited Liability Co	mpony
(realite of t	Emitted Enablinty Co	mparty)
The enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:	
Mario Beckles		
(Contact Person)	<u> </u>	
Beckles & Co.		
(Firm/Company)		
14 NE 1St Avenue, Suite 805		
(Address)		
Miami, FL 33132		
(City/State and Zip Code)		-
For further information concerning this m	atter, please call:	
Mario Beckles	786	512-5016
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301		rananassee, monua 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)

1. The name of the limited liability company as it appears on the records of the Florida D	epartment
of State is:	
of State is:	·
2. The Florida document/registration number assigned to this limited liability company is	:
L12000015816	
···································	~~ ^^4
3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 2	.7,2015
4. I, Jorgelina Rossi , hereby withdraw/resign as a (Print Name of Person Resigning)	
Manager	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notif resignation in writing.	ied of my
DocuSigned by:	
Jorgelina Rossi — DABSO2 Bignature of Dissociating Member or Resigning Manager	
— DABSO2 Highature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	