112000016402

(Requestor's Name)				
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	; #)		
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SECRETARY SEEL FLORID

MAR 13 2013

T. HAMPTON

COVER LETTER

TO:	3		
	Division of Corporations		
SUBJ	PIDATODO LLC JECT:		
	(Name of Li	mited Liability Con	npany)
The e	nclosed member, resignation or disso-	ciation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
MILE	EIDA PRIETO		
	(Contact Person)		_
1	Milude Afrigueroa		
	(Firm/Company)		_
1050	BRICKELL AVENUE #2120		
	(Address)	- 	_
MIAN	MI / FLORIDA 33131		
	(City/State and Zip Code)		_
For fu	orther information concerning this mat	tter, please call:	
MILE	IDA PRIETO	786 at (6836335
	(Name of Contact Person)		& Daytime Telephone Number)
Enclo	sed please find a check made payable		
	□ \$25 Filing Fee	4 3	555 Filing Fee & Certified Copy
			certified copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
		Registration Section	
	ion of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
i anan	nassee, Florida 32301		

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	limited liability company as ATODO LLC	it appears on the records of th	ne Florida Department	
L1200001640		f this limited liability company	y is:	
3. The date this me	ember withdrew or will withd	draw is:		
		, hereby resign as a MGRM (Print Title)		
(Print Name of Person Resigning)			(Print Title)	
resignation in wr		e limited liability company ha	us been notified of my	
Signature of R	esigning or Dissociating Ma	nager, Member		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		7014 HAR TALLAHA	