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(Requestor's Name)				
(Address)				
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_				
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COVER LETTER

	gistration Section			
יוכו	vision of Corporations			
SUBJECT	SOLUTIONS 4 RENTING LLC			
	(Name of I	Limited Liability Cor	npany)	
The enclos	sed member, resignation or disse	ociation and fee(s	s) are submitted for filing.	
Please retu	irn all correspondence concernii	ng this matter to:		
MANUEL	L CRESPO			
	(Contact Person)		_	
GREENS	SPOON MARDER PA			
	(Firm/Company)		_	
600 BRIC	CKELL AVENUE STE 3600			
*	(Address)		_	
MIAMI FL	_ 33131			
	(City/State and Zip Code)		_	
For further	r information concerning this m	atter, please call:		
MANUEL	L CRESPO	305	789-2770	
	(Name of Contact Person)		& Daytime Telephone Number)	
Enclosed p □ \$25 Fili	please find a check made payabling Fee		Department of State for: g Fee & Certified Copy	
	COURIER ADDRESS:		MAILING ADDRESS:	
Registration O	on Section f Corporations		Registration Section Division of Corporations	
Clifton Bu	•		P.O. Box 6327	
	utive Center Circle e, Florida 32301		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)

	limited liability company as UTIONS 4 RENTING LLC	it appears on the records of th	e Florida Department	
2. The Florida doc L1200002851		ssigned to this limited liability	company is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign	is:	
4. l,	O MARTINEZ Jame of Person Resigning)	, hereby withdraw/resign as a		
MANAGER A	ND MEMBER			
	(Print Title)			
resignation in wr	iting.	e limited liability company has	s been notified of my	
Signature of Di	ssociating Member or Resign	ning Manager	2017 Stick TALL	
	\$25.00 (Required) \$30.00 (Optional)		JUN 19 AM 10: AHASSEE FLOKE	