## L12 000 036159

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| ·                                       |
| (City/State/Zip/Phone #)                |
| (Orty/Otate/21p) Hone #)                |
| PICK-UP WAIT MAIL                       |
| •                                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



200304809802

10/23/17--01019--016 \*\*25.00

2017 OCT 23 AM 10: 54

K SALY OCT 24 2017

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Southeast Management & Consultants LC (Name of Limited Liability Company)  |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to:   |
| Milagros lavarez (Contact Person)   |
| Southeast Management of Consultants LLC   |
| 13301 SW 132 Ave Ste 210  |
| Miami FL 33186 (City/State and Zip Code)  |
| For further information concerning this matter, please call:  |
| Nil cayos lauayez at (305) 73 8564 (Area Code & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Florida Department of State for \$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section   |

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301





## 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 Department      |
|--|---|
| of State is:                               | Southeast Management + Consultar  |
| 2. The Florida docu                        | ment/registration number assigned to this limited liability company is:               |
|  | 20036159  |
| 3. The date this mer                       | mber/manager withdrew/resigned or will withdraw/resign is: 101817                     |
| 4.1. LUIS                                  | M Feralta, hereby withdraw/resign as a ame of Person Resigning)                       |
|  | C+OC<br>Print Title)  |
| of this limited liab<br>resignation in wri | bility company and affirm the limited liability company has been notified of my ting. |
| Signature of Dis                           | ssociating Member or Resigning Manager  |
| Filing Fee:                                | \$25.00 (Required)  |
| Certified Copy:                            | \$30.00 (Optional)  |