L1200050636

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> SECRETARY OF STATE ALLAHASSEE, FLORIDA

AND

5107 C. E.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Agency Era Lhc
(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:
Samantha Bratter (Contact Person)
The Agercy Era LhC (Firm/Company)
5601 Attor Road (Address)
(Address) Miami Beach, FL 33148 (City/State and Zip Code)
For further information concerning this matter, please call:
Samantha Braffer at (305) 7425605 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

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 Dep	partmer	ıt	
of State is:	The Agency Era LLC.		,	
	ument/registration number assigned to this limited liability company is:			
LIZE	00050636.			
3. The date this me 4. I,	mber/manager withdrew/resigned or will withdraw/resign is: 130 Ha Bratter, hereby withdraw/resign as a lame of Person Resigning)	15		
	(Print Title)			
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notifications.	SECRETARY OF AND AHASSEE.	15 FEB -2 PH	FILED
Signature of Di	ssociating Member or Resigning Manager	F STATE FLORIDA	1:49	
Filing Fee:	\$25.00 (Required)	1		

Certified Copy:

\$30.00 (Optional)