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To:

Division of Corporations

Fax Number

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Account Name : ALECO HARALAMBIDES, P.A.

Account Number : I20140000069

Phone

: (305)854-5206

Fax Number : (305)854-1087

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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)

	imited liability company as	it appears on the records of the Florida Department		
2. The Florida docur L12000059024	ment/registration number as	signed to this limited liability company is:		
3. The date this men	nber/manager withdrew/res	igned or will withdraw/resign is:		
VICTOR P. BA	ALESTRA	, hereby withdraw/resign as a		
(Print Na	me of Person Resigning)			
Managing Mer	nber			
(1	Print Title)			
resignation in writ		e limited liability company has been notified of my		
Filing Fee: Certified Copy:	\$25,00 (Required) \$30.00 (Optional)			