## L12000064214

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:	Registration Section			
	Division of Corporations			
SUBJ	Concession Management LLC JECT:			
	(Name of	Limited Liability Cor	npany)	
The er	nclosed member, resignation or dis-	sociation and fee(s	are submitted for filing.	
Please	ereturn all correspondence concern	ing this matter to:		
Abiel	Ballesteros			
	(Contact Person)		_	
Conc	ession Management LLC			
	(Firm/Company)	-	_	
5805	Blue Lagoon Drive Suite 178			
	(Address)		_	
Miam	ni FL. 33126			
	(City/State and Zip Code)		_	
For fu	rther information concerning this n	natter, please call:		
Abiel	Ballesteros	786 at (	355-6646	
	(Name of Contact Person)		& Daytime Telephone Number)	
	sed please find a check made payab 5 Filing Fee		Department of State for: Fee & Certified Copy	
	ET/COURIER ADDRESS:		MAILING ADDRESS:	
_	tration Section on of Corporations		Registration Section	
	n Building		Division of Corporations P.O. Box 6327	
	Executive Center Circle		Tallahassee, Florida 32314	
Tallah	assee, Florida 32301			

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)

Con	limited liability company as cession Management LLC	
2. The Florida doc L1200006421	-	signed to this limited liability company is:
3. The data this me	mhar/manayar withdraw/rac	2/1/2019 gned or will withdraw/resign is:
	-	ghed of with withdraw/resign is.
Gladys N. Ballesteros		harahy withdraw/racian as a
(Print N	'ame of Person Resigning)	nercoy withdraw/resign as a
Managing Me	* ' '	
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Servel A	J. Berlinte	Ro
Signature of Di	ssociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	