## 12000080974

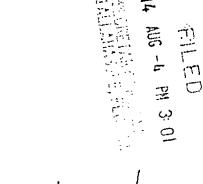
(Re	questor's Name)	
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LLC/DIS/RESIGN 8-19-14



## **COVER LETTER**

**TO:** Registration Section Division of Corporations MICROTHEATER LLC SUBJECT: (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: JORGE LOPEZ MONJE (Contact Person) MICROTHEATER LLC (Firm/Company) 1490 Biscayne Boulevard (Address) Miami, FL 33132 (City/State and Zip Code) For further information concerning this matter, please call: JORGE LOPEZ MONJE 561 5263742 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee **MAILING ADDRESS:** STREET/COURIER ADDRESS: **Registration Section** Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314

Tallahassee, 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)

MIC	limited liability company as ROTHEATER LLC	s it appears on the records of	the Florida D	epart	ment
2. The Florida doct L1200008097	<del>-</del>	ssigned to this limited liabili	ty company is	<b>s</b> :	
3. The date this me	_	signed or will withdraw/resig	7-31-20 in is:		
4. I.		, hereby withdraw/resi	gn as a		
-	(Print Title)				
resignation in wr	iting.	ne limited liability company l	has been notif	ied o	f my
Signature of Di	ssociating Member or Resig	ning Manager		17	
				SUV.	<u> </u>
Filing Fee: V Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			-4 PH 3: C	