## L12000097055

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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## **COVER LETTER**

1 :

TO: Registration Section			
Division of Corporations			
SUBJECT: MISSTARA- VENTURES			
(Name of Limited Liability	Company)		
The enclosed member, resignation or dissociation and for	ee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to:		
JENN MARC. LUPEZ (Contact Person)			
(Contact Person)			
AVENTURE CAPITAL	· · · · · · · · · · · · · · · · ·		
AVENTURE CAPITAL (Firm/Company)	EC.		
1900 PURDY AUG STE 2002 (Address)	LAR.		
(Address)	20 C		
71ATI 3BACH R 33139 (City/State and Zip Code)	SECRETATION AN SERVE TAILANAS PETE		
(City/State and Zip Code)			
For further information concerning this matter, please ca			
SAN NAAC WAA at (786 (Name of Contact Person) (Area C	9257626		
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)		
Enclosed please find a check made payable to the Floric			
✓ \$25 Filing Fee	ling Fee & Certified Copy		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314	2713 IN. MORROG SHEEL, SHIRE OTO		

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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 co	ompany as it ar	opears on the recor	ds of the Flori	da Departr	nent
of State is:	7155 TAPLA	JENTURI	ව			<u></u> .
2. The Florida doc	ument/registration  90097055  ember/manager wit  100000000000000000000000000000000000	number assign	ed to this limited I	iability compa	ny is:TALL	110 G383
3. The date this me	ember/manager wit	thdrew/resigned	d or will withdraw	resign is:	6/24/2	<u>نځ</u> :
4. I, <u>JEAN 17A6</u> (Print N	U LOPEZ Same of Person Resign	uing)	_, hereby withdraw	/resign as a	7 (1) (1) (2) (3)	#ii 9: i
171677 6700 4	(Print Title)	·			171	Ć.
of this limited lia resignation in wi	ibility company and iting.	d affirm the lin	nited liability comp	oany has been i	notified of	my
Signature of D	issociating Membe	er or Resigning	Manager			
Filing Fee:	\$25.00 (Requires					