

L12000097876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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FEB 13 2015  
T. CARTER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Square Hue, LLC  
\_\_\_\_\_  
(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:

George C De Las Cuevas  
\_\_\_\_\_  
(Contact Person)

Square Hue, LLC  
\_\_\_\_\_  
(Firm/Company)

9960 Kendale Blvd.  
\_\_\_\_\_  
(Address)

Miami, Florida 33176  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amaury Da Costa                      786              436-5422  
\_\_\_\_\_  
(Name of Contact Person)              at (\_\_\_\_\_)              (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

✓ 2 - \$110 =

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: SQUARE HUE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000097876

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2014  
RAMON RIVAS

4. I, RAMON RIVAS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MEMBER/PARTNER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)