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| (Re                                     | questor's Name)  |             |  |  |
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| (Cit                                    | y/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |               |   |  |  |
|---|---------------|---|--|--|
| SUBJECT: PELOTCORP, LLC (Name of Limited Liability Company)   |               |   |  |  |
| The enclosed member, managing member or mfiling.  | anager resig  | nation and fee(s) are submitted for       |  |  |
| Please return all correspondence concerning this  | is matter to: |   |  |  |
| Daniel J. Serber  |               |   |  |  |
| (Contact Person)  |               | -   |  |  |
| Serber & Associates, P.A  |               |   |  |  |
| (Firm/Company)  |               | -   |  |  |
| 2875 NE 191st Street, Suite 801   |               |   |  |  |
| (Address)   |               | -   |  |  |
| Aventura, FL 33180  |               |   |  |  |
| (City/State and Zip Code)   |               | -   |  |  |
| For further information concerning this matter, please call:  |               |   |  |  |
| Danilo Jimenez  | 305           | 932-6262<br>& Daytime Telephone Number)   |  |  |
| (Name of Contact Person)  | (Area Code    | & Daytime Telephone Number)               |  |  |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\Bigsize \\$25 \text{Filing Fee} \Bigsize \\$55 \text{Filing Fee & Certified Copy} |               |   |  |  |
| STREET/COURIER ADDRESS:   |               | MAILING ADDRESS:                          |  |  |
| Registration Section  |               | Registration Section                      |  |  |
| Division of Corporations Clifton Building   |               | Division of Corporations<br>P.O. Box 6327 |  |  |

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| 1. The name of the limited                               | liability comp            | any as it appears on the re | cords of the Florida Department |
|--|---------------------------|-----------------------------|---------------------------------|
| of State is:   | PE                        | LOTCORP, LLC_               | •                               |
| 2. This limited liability cor                            | npany was org             | anized under the laws of:   |                                 |
| Florida  | ·                         |                             |                                 |
| 3. The Florida document/r                                |                           |                             | y company is:                   |
| 4. I,Mariana (<br>Print Name of Pe                       | Oshea_<br>rson Resigning) | , hereby resign as a        | Manager(Print Title)            |
| of this limited liability con<br>resignation in writing. | apany and affir           | m the limited liability cor | npany has been notified of my   |
| Huim   | ι.                        |                             |                                 |
| Signature of Resigning Me                                | mber, Managi              | ng Member or Manager        |                                 |

13 SEP 20 AM 8: 12 SECRETARY OF STATE