## L12000109330

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100309484411

03/05/18--01021--010 \*\*25.80

SECRETARY OF STATE
OF CORPORATIONS
18 MAR -- S AM 9: 82

B FIGUEROA MAR 0 6 2018

## **COVER LETTER**

CR2E079 (2/14)

TO:	_	tration Section ion of Corporations		
SUBJE		Payteller, LLC	ed Liability Con	npany)
The en	closed	member, resignation or dissocia	tion and fee(s	) are submitted for filing.
Please	return	all correspondence concerning t	his matter to:	
Yves `	Yon c	/o		
		(Contact Person)		-
Ventu	ıres à	Go-Go, LP		
		(Firm/Company)		
1201	N Fed	leral Hwy, #1296		
		(Address)		-
Fort L	.auder	dale, FL 33338		
		(City/State and Zip Code)		-
For fur	rther in	formation concerning this matte	r, please call:	
Yves	Yon		954 at (	554-8006
	(Na	ame of Contact Person)		& Daytime Telephone Number)
Enclos	•	ase find a check made payable to Fee		Pepartment of State for: Fee & Certified Copy
Registr Division Clifton 2661 E	ration to on of C n Build Executi	OURIER ADDRESS: Section Corporations ing ve Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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 company as	s it appears on the records of the Florida Department
of State is: Payteller, LLC	·
2. The Florida document/registration number a L12000109330	ssigned to this limited liability company is:
3. The date this member/manager withdrew/res	signed or will withdraw/resign is:
4. I,   (Print Name of Person Resigning)	hereby withdraw/resign as a
Manager	
resignation in writing.	he limited liability company has been notified of my
Signature of Dissociating Nember or Resig	
Filing Fee: \$\begin{align*} \\$25.00 (Required) \\ \$30.00 (Optional) \end{align*}	FILED STATE ON OF STATE