

L1200017233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900249257389

06/27/13--01033--004 **25.00

FILED
2013 JUL -8 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 9 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVID RAMIREZ, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DAVID RAMIREZ
(Contact Person)

(Firm/Company)
1824 BRICKELL AVE. APT. 1A
(Address)

MIAMI, FL 33129
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID RAMIREZ at (305) 632.9378
(Name of Contact Person) (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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL -8 AM 11:06

FILED



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 company as it appears on the records of the Florida Department of State is: DAVID RAMIREZ, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L12000117233

4. I, DAVID RAMIREZ, hereby resign as a MANAGING MEMBER/MANAGER
(Print Name of Person Resigning) (Print Title)

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



Signature of Resigning Member, Managing Member or Manager

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

FILED
2013 JUL -8 AM 11:06
TALLAHASSEE, FLORIDA
CLERK OF THE DIVISION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2013

DAVID RAMIREZ
1824 BRICKELL AVENUE
APT. 1A
MIAMI, FL 33129

SUBJECT: DAVID RAMIREZ, LLC
Ref. Number: L12000117233

We have received your document for DAVID RAMIREZ, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 813A00016199

FILED
2013 JUL -8 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA