L12000130719

(Re	equestor's Name)					
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D. BRUCE SEP 28 2016

COVER LETTER

	egistration Section ivision of Corporations					
SUBJECT	T:					
	(Name of l	Limited Liability Co	ompany)			
The enclos	sed member, resignation or disso	ociation and fee((s) are submitted for	or filing.		
Please retu	urn all correspondence concernit	ng this matter to	:			
Joel Alma	anzar					
	(Contact Person)					
Digital Ho	ost LLC					
	(Firm/Company)		_			
13501 SV	W 128 STREET SUITE 202					
	(Address)		<u> </u>			
MIAMI, F	FL 33186			20		
	(City/State and Zip Code)		_	5 5 2	turel.	
For further	r information concerning this ma	atter, please call	:	SEP 26	12.144 21.44 21.44 21.44	
Joel Alma	anzar	786	282-7200	7	¥.	
((Name of Contact Person)	(Area Cod	e & Daytime Telepl	hone Number)		
Enclosed p	please find a check made payable	e to the Florida	Department of Sta	te for:		
■ \$25 Fili			g Fee & Certified			
STREET/	/COURIER ADDRESS:		MAILING AD	DRESS:		
_	Registration Section		Registration Section			
			Division of Corp	orations		
	——————————————————————————————————————			rida 32311		
Registration Division o Clifton Bu	on Section of Corporations		Registration Sec	tion poration	ns	

Tallahassee, Florida 32301

CR2E079 (2/14)



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)

	limited liability company as i	t appears on the records of	the Florid	da Depa	irtment
2. The Florida doc L1200013071	ument/registration number ass 9	igned to this limited liabili	. i.i.	-	
4. I, <u> </u>	ember/manager withdrew/resignzalez Vizoso	gned or will withdraw/resig, hereby withdraw/resig	n is:	1 6/20 16 作 26	6
(Print N Owner / Man	lame of Person Resigning) ager			J	T
of this limited lia	(Print Title) bility company and affirm the iting.	limited liability company l	nas been i	ىب <u>ب</u> notified	of my
Signature of D	issocialing Member or Resigni	ing Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				