

U120006 144918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

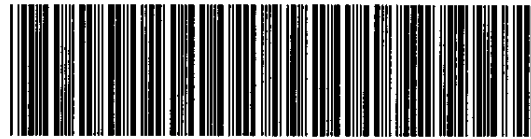
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600256238066

02/18/14--01020--012 \*\*25.00

RECEIVED  
FEB 19 2014  
14 FEB 19 2014  
02/18/14

J. Strivers FEB 19 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNACERUE 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:

ANDRES KODELOFF  
(Contact Person)

ANDRES KODELOFF  
(Firm/Company)

382 NE 191st # 14369  
(Address)

Miami Florida 33179  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDRES KODELOFF at (0541) 45820145  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, 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: UNA CERUE LLC

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

L 12000144919

3. The date this member withdrew or will withdraw is: 01/01/2013

4. I, GABRIEL KOPELOFF, hereby resign as a 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.

GABRIEL KOPELOFF

Signature of Resigning or Dissociating Manager, Member

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

14 FEB 18 AM 10:55  
TALLAHASSEE  
FLORIDA