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## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Division of Corporations				
SUBJECT: Source Awnings, LLC				
(Name of Limited Liability Company)				
The enclosed member, resignation or disso	ciation and fee(s	s) are submitted for filing.		
Please return all correspondence concernin	g this matter to:			
Gerald Shvartsman				
(Contact Person)		_		
Source Awnings				
(Firm/Company)		_		
11451 NW 36th Ave				
(Address)		<del></del>		
Miami, FL 33167				
(City/State and Zip Code)		_		
For further information concerning this ma	itter, please call:			
Linnette Mongeotti	305	630-8950		
(Name of Contact Person)		& Daytime Telephone Number)		
Englosed please find a check made payable \$25 Filing Fee		Department of State for: g 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

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the l	imited liability company as	s it appears on the records of the Flo	rida Department
of State is:	ce Awnings, LLC		
	•	ssigned to this limited liability comp	pany is:
L12000158399			
3. The date this mer	nber/manager withdrew/res	signed or will withdraw/resign is:	9/29/2016
4. I, Frank Rivero		, hereby withdraw/resign as a	
	me of Person Resigning)	, hereby withdraw/resign as a	16 001 -4
MGMR			6: <b>-6</b>
· ·	Print Title)	 د.	
of this limited liab resignation in writ	ility company and affirm the	ne limited liability company has bee	n notified of my
Frais	Lucio		
Signature of Dis	sociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		