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(City/State/Zip	/Phone #)			
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SECRETARY OF STATE TAILLYHASSEE, FLORIDA

SECRETARY OF STATE
OIVISION OF CORPORATION

JUL 07 2015

**3 MASON** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT:		
	Limited Liability C	ompany)
The enclosed member, resignation or diss	sociation and fee	(s) are submitted for filing.
Please return all correspondence concerns	ing this matter to	:
ANA CAROLINA KEIMIG		
(Contact Person)		_
CAROLINA FERRARI, INC		
(Firm/Company)		
4300 BISCAYNE BLVD, STE 302A		
(Address)		_
MIAMI, FL 33137		
(City/State and Zip Code)		
For further information concerning this n	natter, please cal	1:
ANA CAROLINA KEIMIG	305 at (	571-8444
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section  Division of Corporations :
Division of Corporations		Division of Corborations:33

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

OIVISION OF CURPORATIONS

15 JUL -6 PM 1: 03



## 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)

of State is: BA-l	HAUS KNF, LLC	it appears on the records of the		<u>.</u>	··
L1200015905	6				
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is	MAY 31	, 201	5
, URBANO RE	PUBLIC INC	, hereby withdraw/resign a			
MGRM					
		e limited liability company has	been notif	ied of	my
Signature of Di	ssociating Member or Resign	ning Manager	ET CO	. <u></u>	DIVIG SE
Filing Fee:	\$25.00 (Required)		ALC MCC	<u>{=</u>	O.S.
	\$30.00 (Optional)		RETARY OF STATE AHASSEE, FLORIDA	15 JUL -6 PM 1: 03	TARY OF STATE

CR2E079 (2/14)