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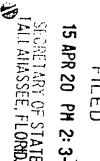
(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
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COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: MIAMI DEFENSE TEAM, PL		
(Name of Limit	ted Liability Cor	npany)
The enclosed member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please return all correspondence concerning to	his matter to:	
IVAN PARRON		
(Contact Person)		-
MIAMI DEFENSE TEAM		_
(Firm/Company)		
175 SW 7 STREET SUITE 1210		_
(Address)		_
MIAMI, FL 33130		
(City/State and Zip Code)		_
For further information concerning this matter	r, please call:	
IVAN PARRON	888 at (457-3771
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301		rananassee, riofida 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)

	e limited liability company as	s it appears on the records of the	Florida I	Depai	rtment
2. The Florida doc		ssigned to this limited liability co	ompany	is:	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	04/14/	2015	5
4. I, MONICA BE		, hereby withdraw/resign as	s a		
(Print)	Name of Person Resigning)				
MEMBER					
	(Print Title)				
resignation in w	riting. Maca Pom	e limited liability company has b	been not	귥	of my
_	issociating-Member or Resig	ning Manager	AHASSEE	APR 20	FILE
-	\$25.00 (Required)		1 1 1 1	3	ΕD
Certified Copy:	\$30.00 (Optional)		STATE LORIDA	2: 3≚ 3	