L1300012809

(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:
Special instructions to a ning Officer.

Office Use Only



500297898105

04/13/17--01013--019 **25.00



S Warren APR 14 2017

COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations
SUBJECT: Physical Revolution, UC (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:
Alliette Chignou (Contact Person)
Physical Revolution, UC (Firm/Company)
3000 NE 30th Place suite 105
FORT LAUderdale FL 33306 (City/State and Zip Code)
For further information concerning this matter, please call:
Alliette Chignoli at (954) 789-4592 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 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	limited liability compa	iny as it a	ppears on	the records	of the Flori	da Dep	partment
of State is:	Physical Re	voluti	ON, LL	.C			
2. The Florida docu	ment/registration num	ber assigi	ned to this	limited liab	ility compa	ny is:	
_L_13001	9086109						
3. The date this me	mber/manager withdre	w/resigne	ed or will v	withdraw/res	sign is: 0	110-	7/17
4.1, Mariluz	Maldorad ame of Person Resigning)	0	_, hereby	withdraw/re	sign as a		
ME	TR Print Title;						
of this limited liab resignation in wri	oility company and affi	rm the lir	nited liabi	lity compan	y has been	notifie	d of my
Marilu	z Maldonado	<u>5</u>					
Signature of Di	sociating Member or	Resigning	g Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					뛢 행 3	
						D S	Ö