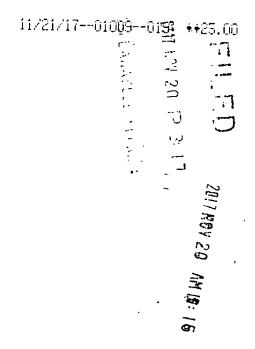
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Sparki</u>	es 618 Duval CCC Jame of Limited Liability Company)
The enclosed member, resignation	or dissociation and fee(s) are submitted for filing.
Please return all correspondence of	 pncerning this matter to:
James Gile	ran
(Contact Person	
(Firm/Company	
801 Duval	
(Address));; 37 (); 37
Key West, Fl	33040
(City/State and Zip	Code)
For further information concerning	this matter, please call:
Tammy Hernan	dez at (305) 896 - 1383 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made \$\&\\$25 Filing Fee	payable to the Florida Department of State for: □ \$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

CR2E079 (2/14)



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 cor	npany as it a	ppears on the t	records of the Flo	orida Department
of State is:	parkles	618 1	Duval	LLC	 •
2. The Florida docu	ment/registrat io n n	umber assign	ned to this limi	ited liability com	ipany is:
L1300	2002815	5	_·	2	1.5
3. The date this mer	nber/manager with	drew/resigne	ed or will with	draw/resign is:	11/10/17
4. 1. GMM (Print No.	y Herna ime of Person Re <mark>sig</mark> nin	ndez	_, hereby with	draw/resign as a	7 20
Man	CIGES Print Title)	 •			ω,
of this limited liab	ility company and ing.	affirm the lit	nited liability o	company has bee	en notified of my
9-					
Signature of Dis	sociating Member	or Resigning	Manager	_	
Filing Fee: Certified Copy:	\$25.00 (Require \$30.00 (Optiona	,			
	J 1				