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(Re	questor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
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## **COVER LETTER**

Persevere Marta Arts LLC
(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:
Rafael Hueso Jr. (Contact Person)
Persevere Martal Arts LLC
8780 SW 645+
Miami F 33143 (City/State and Zip Code)
For further information concerning this matter, please call:
Rafael Hueso Jr a1,305,951-5377
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\s

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

STREET/COURIER ADDRESS:

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TO:

Registration Section Division of Corporations



## 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)

	d liability company as it appears on the records of the Flori	ida Department
L 1300002	registration number assigned to this limited liability companded to the liability companded to the liability companded to the liability liability companded to the liability liability companded to the liability liability liability companded to the liability liab	
4.1. Retting (Print Name of )		17 DEC - 6
resignation in writing.	ompany and affirm the limited liability company has been the limited liability company has been the limited liability company has been limited liability liabilit	notified of my:  Of SIATE  OF SIATE  OF SIATE
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