13000030542

(Requ	iestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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A SPIRE

COVER LETTER

Division of Corporations			
SUBJECT: Pascalin LLC			
(Name of I	Limited Liability Con	pany)	4.5°
The enclosed member, managing member filing.	or manager resign	nation and fee(s) are subm	nitted
Please return all correspondence concernie	ng this matter to:		DRIB!
Gino Lopresti			,
(Contact Person)	·	•	
-			
(Firm/Company)		•	
7410 SW 147 Ct			
(Address)		-	
Miami, FL 33193			
(City/State and Zip Code)		-	
For further information concerning this m	atter, please call:		
Ana Soria	_{at} 305	244-8666	
(Name of Contact Person)	(Area Code	& Daytime Telephone Nun	iber)
Enclosed please find a check made payable	le to the Florida D	epartment of State for:	
■ \$25 Filing Fee		55 Filing Fee &	
		Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	;
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle		Tallahassee, Florida 323	14

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1 The name of the	limited liability company a	s it appears on the records of the Floridan Department
of State is: Pas		e s
2. This limited liab	ility company was organize	d under the laws of:
3. The Florida doct L130000305	•	of this limited liability company is:
4. I, Ana Soria	ame of Person Resigning)	, hereby resign as a Managing Member (Print Title)
of this limited lial resignation in wr		he limited liability company has been notified of my
Signature of Resi	gning Member, Managing	Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	