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COVER LETTER

Division of Corporations	
SUBJECT:	1008, LLC
(2)	Pame of Limited Liability Company)
The enclosed member, resignation	or dissociation and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to:
CLAUDI	A R. RICALDI MORENO
(Contact Person)
1008 C	LC
9022 GRAND CAN	
(Address)	
MIAMI, FL 33174 (City/State and Zip 0	
For further information concerning	this matter, please call:
CLAUDIA R. RICALDI MORENO	at (305) 857-2988
(Name of Contact Person)	
Enclosed please find a check made	payable to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallabassee FL 32303

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 limited liability company as it appears on the records of the Florida Department
of State is: 1008, LLC
2. The Florida document/registration number assigned to this limited liability company is:
<u>L13000033833.</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, MANUEL O. RICALDI MORALES , hereby withdraw/resign as a (Print Name of Person Resigning)
MANAGER MEMBER (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: X \$25.00 (Required) Certified Copy: \$30.00 (Optional)