L/3000053185

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300286990043



06/28/16--01016--015 **\$5.00

2016 JUN 27 PA 11: 25

J. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Dendoe Calle	Aive LLC
(Name of Limit	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Peter Espinosa (Contact Person)	
(Contact Person)	
(
(Firm/Company)	
587) W 2nd Court (Address)	
(Address)	
20.412	
Halean, Fl 33012 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Peter Essanasa	at (305) 308-8922
Peter Espinasu (Name of Contact Person)	(Area Code & Daytime Telephone Number)
,	
Enclosed please find a check made payable to	the Florida Department of State for:
2 \$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 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 cor	npany as it a	ppears on th	ne records of the	e Florida I	Depar	tment
of State is: The	. Dendue (Dollection	e uc				 •
2. The Florida docu	ment/registration n	umber assig	ned to this li	imited liability	company i	is:	
VA 1-899	-985-L13	000053	31,85				
3. The date this mer	mber/manager with	drew/resign	ed or will wi	ithdraw/resign i	s: 617	120	14
4. I, PETER E							
manager/	MANOGING S Print Title)	<u>nembe</u> v					
of this limited liab resignation in writ	oility company and img.	affirm the li	mited liabili	ty company has	been noti	ified o	of my
	P						
Signature of Dis	ssociating Member	or Resignin	g Manager	-			
Filing Fee: Certified Copy:	\$25.00 (Require \$30.00 (Optional	,			SEORETAKY MALLAHASSEI	16 JUN 27	in case
						₽# 2	