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Office Use Only



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R. WHITE

COVER LETTER

| Division of Corporations | |
|---|---|
| 7 PECADOS. LLC SUBJECT: | |
| (Name of Limited | Liability Company) |
| The enclosed member, resignation or dissociation | n and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | matter to: |
| JESSICA MOLINA | |
| (Contact Person) | |
| TIBER SERVICES, LLC | |
| (Firm/Company) | |
| 2434 HOLLYWOOD BLVD 2ND FL | |
| (Address) | |
| HOLLYWOOD, FL 33020 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, p | blease call: |
| JESSICA MOLINA | 954 744-4051 () |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to th | e Florida Department of State for: |
| | S55 Filing Fee & Certified Copy |
| Mailing Address: | Street Address: |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |



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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)

| | Elimited liability company as it appears on the records of the Florida Department CADOS, LLC |
|--------------------------------|--|
| 2. The Florida doc | ument/registration number assigned to this limited liability company is: |
| L13000061605 | |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: |
| 4. I, Tiber Services, I | LLC/Ruben Santurian, hereby withdraw/resign as a, |
| Manager | |
| | (Print Title) |
| | ibility company and affirm the limited liability company has been notified of my riting |
| Signature of D | issociating Member or Resigning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |