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equestor's Name)						
(Address)						
(Address)						
City/State/Zip/Phone #)						
WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certificates of Status						
Special Instructions to Filing Officer:						





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ALLAHASSET FLORID.

OCT 1-3 2015 J. HARRIS

COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: Lonas Plasticas 210 (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: Contact Person
Lonas Plasticas UC (Firm/Company)
15 to NE 191 St #430 (Address)
North Maui, FL, 33179 (City/State and Zip Code)
For further information concerning this matter, please call:
Angela Pineda at (786) 899-800 f. (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

				of the Florida Department
of State is:	onas	Plasticas	LLC	 -
2. The Florida docu	ment/registra	tion number assigne	d to this limited liabi	lity company is:
3. The date this me	√ mber/manage	r withdrew/resigned	or will withdraw/res	ign is: 10/2/20/5
4. I, <u>9USTAV</u>	O Melo ame of Person R PrèSè deu (Print Title)	OF esigning)	, hereby withdraw/res	iign as a
of this limited lial resignation in wr			ited liability company	y has been notified of my
Signature of Di	ssociating Me	ember or Resigning	Manager	ZIIS OCT
Filing Fee: Certified Copy:	\$25.00 (Re \$30.00 (O	•		THE PH 3: 2 ASSEE FLORID