## 113000075 119

'•						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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## **COVER LETTER**

Registration Section

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (5/06)

TO:

Division of Corporations					
SUBJECT: Sobe rentals se					
(Name of Lin	nited Liability Comp	pany)			
The enclosed member, managing member or filing.	· manager resign	nation and fee(s) are subm	itted for		
Please return all correspondence concerning	this matter to:				
UGO Cortesano					
(Contact Person)					
sobe rentals services	llc				
(Firm/Company)					
1000 west ave #718					
(Address)					
miami beach fl 33139		•	Ψħ.,	2!	
(City/State and Zip Code)				2013 SEP 1	0445
For further information concerning this matt	er, please call:		至3.5	<del>ا</del> ک	6-
maurizio galle	786	2827778	1938 10 A	1 PM 2: 48	
(Name of Contact Person)	(Area Code &	& Daytime Telephone Num	ber SIA	.; 	
Enclosed please find a check made payable t  \$\Bigsim \frac{1}{25}\$ Filing Fee		epartment of State for: 55 Filing Fee & Certified Copy	IDA	8	
STREET/COURIER ADDRESS:	j	MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building	J	P.O. Box 6327			

Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it a BE RENTALS SERVICE		orida Department	
	ility company was organized und FLORIDA	der the laws of: 		
3. The Florida doct L13000075	ument/registration number of thi	s limited liability company is:	2019 SEP	71
4. I, Maurizio C	alle	_, hereby resign as a MGR	P I	
(Print A	lame of Person Resigning)	(Pi	rint Title)	77
resignation in wr	bility company and affirm the lir iting.  by the life of the life		n notified of my 2: 48	The state of the s
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			