# #13000088996

(Requ	estor's Name)			
(Addre	ess)			
(Addre	ess)			
. (City/S	State/Zip/Phone	e #)		
. PICK-UP	<b>W</b> AIT	MAIL		
(Busir	ess Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
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2014 JAN -6 PH 5: 18
SECRETARY OF STATE

K.SALY EXAMINER JAN 13 2014

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SURJECT. Particlehaus LLC

(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:

### Olivia Ramos

(Contact Person)

#### Extreme Sustainable

(Firm/Company)

## 9 Island Ave apt 911

(Address)

#### Miami Beach FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

#### Olivia Ramos

....305 \ 439 1496

(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

□ \$55 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 (12/13)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED
2014 JAN -6 PM 5: 18
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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

		t appears on the rec	cords of the Florida Department
of State is: Partic	clehaus LLC		
2. The Florida docume	ent/registration number of	this limited liability	company is:
L1300008899	96	i	1
		$\overline{}$ $v / $	02/14
3. The date this memb	er withdrew or will withdr	aw is:	
4. I, Ahmed Mori		, hereby resign	as a MGRM
(Print Nam	e of Person Resigning)		(Print Title)
resignation in writin	ng.		mpany has been notified of my
Signature of Resignature	gning or Dissociating Man	ager, Member	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (12/13)