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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: NAMASTE MIAMI, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ALICIA T. GORBATO

(Contact Person)

(Firm/Company)

9920 COLLINS AVE APT 16

(Address)

BAL HARBOUR, FL 33154

(City/State and Zip Code)

For further information concerning this matter, please call:

ALICIA T. GORBATO

at (305)

336-7783

(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 2013 OCT 28 MM 11: 4:

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it ap	pears on the records of the Flor	ida Departme	ent
of State is: NAMASTE MIAMI, LLC			
2. This limited liability company was organized und	er the laws of:	#19 OCT 28	
3. The Florida document/registration number of this L13000090752	limited liability company is:		
4. I, ALICIA T. GORBATO (Print Name of Person Resigning)	, hereby resign as a MANAGIN	G MEMBER	<u>₹</u>
of this limited liability company and affirm the lim resignation in writing. Signature of Resigning Member, Managing Member.	ited liability company has been	•	ιу
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	er or ividilager		