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STREET/COURIER ADDRESS:

Registration Section

TO:

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

CR2E079 (2/14)

MAILING ADDRESS:

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



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)

1. The name of the lin	nited liability co	ompany as it app	ears on the	e records of the	Florida Departme	nt
of State is:	SPOT	65METI	cs	LLC		<u>.</u> •
2. The Florida docum	ent/ registratio n	number assigned	d to this li	nited liability co	ompany is:	
L1300	211	894				
3. The date this memb	aer/manager wil	hdres v/resigned	or will wit	hdraw/resign is	8/10/18:	_
4.1. GUSTAVO	MARIN	i,		thdraw /resign a		
(Print Nam	e of Person Resign	iing)		-		
MANA	GER	,			20 20	•
(Pr	int Title)					and the
of this limited liabil resignation in writir		d affirm the limi	ted liabilit	y company has	2018 AUG 1-3 SECRETARY TALLAHORSSE been no SSE	V 220
			4		10 PB 23	
Signature of Disso	ociating Membe	Resigning A	Aanager		2: 46 STATE ORIDA	". <u>ac</u>
Filing Fee:	\$25.00 (Requi	red)				
Certified Copy:	\$30.00 (Option	nal)				