

L 13 000 118 353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

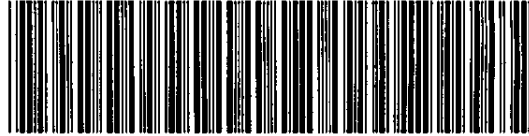
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 20 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 23 2015

C. CARROTHERS



CORVO & CALAS

LOURDES CORVO, P.A.

PERLA SOLÉ CALAS, P.A.

ATTORNEYS AT LAW

Lourdes Corvo, Esq.
LCorvo@corvocalas.com

Perla Solé Calas, Esq.
PCalas@corvocalas.com

March 11, 2015

VIA U.S. Certified Mail 7012 1010 0002 9261 5003

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

Re: Venur, LLC

To whom it may concern:

Enclosed please find the following original documents regarding the above company:

1. Disassociation or Resignation of Member, manager From Florida or Foreign Limited Liability Company
2. Check No. 3879 made payable to the Florida Department of State in the amount of \$25 for the dissociation fee.
3. Statement of Resignation of Registered Agent for a Limited Liability Company
4. Check No. 3880 made payable to the Florida Department of State in the amount of \$85 for the filing fee.

Thank you for your assistance with this matter.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

Rocio Muchaypina, Paralegal
For Lourdes Corvo, Esq.

Enclosures.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Venur, 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:

Lourdes Corvo, Esq.

(Contact Person)

Corvo and Calas

(Firm/Company)

14750 NW 77th Court, Suite 300

(Address)

Miami Lakes, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

Lourdes Corvo, Esq.

(Name of Contact Person)

at (305) 827-0084

(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



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 limited liability company as it appears on the records of the Florida Department of State is: Venur, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000118353

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, Nicolas H. Vera Mamich, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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15 MAR 20 AM 9:38
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)