

10/19/2018 10:31 AM

A Garcia

Division of Corporations

No. 201801

P. 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : A. GARCIA & CO., P.A.
Account Number : 120000000094
Phone : (305)273-6525
Fax Number : (305)273-6564

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TEAM MIAMI YOUTH DEVELOPMENT, LLC

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EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM MIAMI YOUTH DEVELOPMENT, 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:

AMADO GARCIA

(Contact Person)

A GARCIA & CO PA

(Firm/Company)

11440 N. KENDALL DR SUITE 401

(Address)

MIAMI, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

AMADO GARCIA

(Name of Contact Person)

at (305) 273-6525

(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

2018 OCT 19 AM 9:34
FILED



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: TEAM MIAMI YOUTH DEVELOPMENT, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L13000138455
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/19/2018
4. I, AMADO GARCIA, hereby withdraw/resign as a
(Print Name of Person Resigning)
Authorized Member, Manager
(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

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

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TALLAHASSEE, FLORIDA