L17000 154160 s (Requestor's Name) * (Address) 000305764660 (Address) (City/State/Zip/Phone #) 11/20/17--01014--008 **25.00 PICK-UP 🗌 WAIT MAIL (Business Entity Name) (Document Number) 2011 NOV 20 PM 4: 04 SECRETARY OF STATE FILED Certified Copies _____ Certificates of Status __ Special Instructions to Filing Officer: Office Use Only K. SALY NOV 2 1 2017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Danviv international 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:

albert eskenazi

(Contact Person)

danviv international IIc

(Firm/Company)

11215 ne 8 av

(Address)

miami fl 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

 albert eskenazi
 at (______)

 (Name of Contact Person)
 (Area Code & Daytime Telephone Number)

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 (2/14)



FILED 2017 NOV 20 PM 4: 04 SECRETARY OF STATE TALLAHASSEE, FLORID

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: ______
- 2. The Florida document/registration number assigned to this limited liability company is: L13000154160
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: ______

_____, hereby withdraw/resign as a

4. I, Albert Eskenazi

(Print Name of Person Resigning)

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