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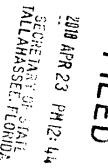
(Re	questor's Name)		
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COVER LETTER

TO: **Registration Section Division of Corporations** Building 1300, LLC SUBJECT: (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: Rafael Fabian, Esq. (Contact Person) Rafael Fabian, P.A. (Firm/Company) 10631 N Kendall Drive, Suite 145 (Address) Miami, FL 33176 (City/State and Zip Code) For further information concerning this matter, please call: Rafael Fabian 856-6700 (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: **MAILING ADDRESS:** Registration Section **Registration Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



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 of State is:		s it appears on the records o	of the Florida Department	
	ument/registration number a	assigned to this limited liabi	lity company is:	
		signed or will withdraw/resi	ign is:	
4. I, Maria J. Garcia , l		, hereby withdraw/res	, hereby withdraw/resign as a	
Manager and				
	(Print Title)			
of this limited lia resignation in wr		he limited liability company	7.	
Signature of D	issociating Member or Resig	gning Manager	PIL ZIJIII APR 23 I SEGJIE JANY OF ILLAHASSEE, F	
_	\$25.00 (Required) \$30.00 (Optional)		FLORING FLORING	