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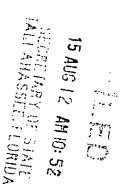
(Requestor's Name)				
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PICK-UF	P WAIT MAIL			
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(Document Number)				
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J SHIVERS

COVER LETTER

TO: 'Registration Section

CR2E079 (2/14)

Division of Corporations Dona Neli Miami, 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: Robert Wayne (Contact Person) Law Offices of Robert Wayne (Firm/Company) 1225 S.W. 87th Ave. (Address) Miami, Florida 33174 (City/State and Zip Code) For further information concerning this matter, please call: Robert Wayne 264-5397 (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



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)

	limited liability company as it a Neli Miami, LLC	appears on the records of the	Florida Department
2. The Florida doc L1300017147	ument/registration number assig 1	ned to this limited liability co	ompany is:
3. The date this me	ember/manager withdrew/resign	— ed or will withdraw/resign is:	8/5/2015
4. I, Daniel Valdes Abreu , hereby withdraw/resign (Print Name of Person Resigning)			
Manager and			
resignation in w	(Print Title) Whity company and affirm the living. issociating Member or Resignin		15 of my 15 Millo: 52
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		