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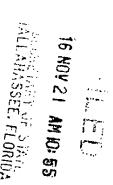
		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COTRAL NE TOTAL NEVT (Name of Limited Liability Company)
(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:
TONI MAZZAO (Contact Person)
(Contact Person)
CGITRAL NE CUTOLTAN MET
14023 JUEL CT (Address)
(Address)
LMOOF 33774 (City/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (330) 718 6057 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 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 limited liability company as it appears on the records of the Florida Department
of State is: CENTRAL AVE ENTELFAINMENT LLC
2. The Florida document/registration number assigned to this limited liability company is:
11年 12 12 12 12 12 12 12 12 12 12 12 12 12
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, Bund Bando hereby withdraw/resign as a (Print Name of Person Resigning)
MEL (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
P2
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)