

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: (786)290-3319

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COVER LETTER

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TO:		stration Section sion of Corporations		
SUBJ.	ECT:	L14000020250		
		(Name of Lim	ited Liability Co	ompany)
The er	nclosed	I member, resignation or dissoci	ation and fee((s) are submitted for filing.
Please	return	all correspondence concerning	this matter to	:
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		(Contact Person)		_
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MIAM	II BEA	CH, FL 33141		
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Regist Divisio Cliftor 2661 E	ration on of Con Build Executi	OURIER ADDRESS: Section Corporations ling ive Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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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 ap		s of the Flo	rida Department
2. The Florida docu L14000020250	ment/registration number assign	ed to this limited lia	bility comp	pany is:
3. The date this men	mber/manager withdrew/resigned	i or will withdraw/re	esign is:	JLY 20, 2015
4. I,	E LA FUENTE ume of Person Resigning)	, hereby withdraw/r	resign as a	
VMGR	me of I groom resigning)			•
	Print Title)			
of this limited liab resignation in wri	oility company and affirm the limiting.	ited liability compa	ny has beei	n notified of my
		;		
Filing Fcc:	sociating Member or Resigning \$25.00 (Required) \$30.00 (Optional)	Manager `	TORE TAR	9115
Confidence Copy.	φυσιου (Ορασαα <i>)</i>	<i>H</i> 1	Y OF STATE OF	7 7 64433