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(Re	questor's Name)			
(Address)				
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·		
(Cit	ry/State/Zip/Phone	e #)		
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COVER LETTER

Registration Section

TO:

CR2E079 (2/14)

Division of Corporations		
SUBJECT: 360 SPACES LLC		
	mited Liability Co	ompany)
The enclosed member, resignation or disso	ciation and fee	(s) are submitted for filing.
Please return all correspondence concerning	g this matter to	:
ALAIN BARTROLI		
(Contact Person)		_
(Firm/Company)		
380 Giralda Ave, Apt 809W		_
(Address)		
Coral Gables, FL 33134		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call	:
Alain Bartroli	786 at (908-3244
(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: 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)

	SPACES LLC	s it appears on the records	of the Florida Department
2. The Florida doc	ument/registration number a	ssigned to this limited lial	bility company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/re	12/31/2016 esign is:
AL AIN RAP	TROLI Name of Person Resigning)		
WANAGERA	(Print Title)		
resignation in wi	ibility company and affirm the riting. Signature of Resignation of Resignation (Company) and affirm the riting.		
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		ED B: 1