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(Requestor's Name)	
· (Address)	
(Address)	
(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL
(Business Entity Name))
(Document Number)	
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COVER LETTER:

Division of Corporations
SUBJECT: EXOTICS, UC (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:
Luis Martinez (Contact Person)
Miami Exotics, UC
4150 Saphine Terroce
Weston FZ 3331 (Ciry/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (786) 290-2305 (Area Code & Daytime Telephone Number)
Exclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

TO: Registration Section



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:	limited liability compa	any as it appears on the reco	ords of the Florida D	Department	
2. The Florida docu	ment/registration num	ber assigned to this limited		i .	-
4. I, <u><u></u> <u><u> </u></u></u>	mber/manager withdre Martine ame of Person Resigning)	w/resigned or will withdrav	w/resign is://_w/resign as a	30/12)
		rm the limited liability com	npany has been noti	fied of my	
(sseciating Member or I	Resigning Manager	ALARASS ASS	CONTRACTOR OF STREET	LS.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TOP STATE	4 AE II: 20	м.