# L/400053532

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#### **COVER LETTER**

The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: TON FL 33432-2600 For further information concerning this matter, please call: Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

#### 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
Division of Corporations



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SECRETARY OF STATE
PALLAHASSEE. FLORID.

### 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 liab	oility company as it appo	ears on the records of the Flo	orida Department
of State is:	MO	MILANO	LEATHER,	UC
2. The Florida doc	ument/regis	ration number assigned	to this limited liability com	pany is:
1140	0005	<u> 3532                                   </u>		,
3. The date this me	ember/mana	ger withdrew/resigned o	or will withdraw/resign is: _	5/29/2015
4. I, <i>MASS</i>	SIMO Jame of Person	FABIANI,	hereby withdraw/resign as a	
	MG-R (Print Title)	·		
of this limited lia resignation in wr		any and affirm the limit	ed liability company has bee	en notified of my
Signature of Di	issociating l	Member or Resigning M	lanager	
Filing Fee:		(Required)	•	
Cerunea Conv	5 10 00 (	(Ontional)		