## 14000074665

(Red	questor's Name)			
(Add	dress)			
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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ		1		
	(Name of Limit	ed Liability Co	mpany)	
The er	nclosed member, resignation or dissocia	tion and fee(	s) are submitted for filing.	
Please return all correspondence concerning this matter to:				
PIER	GRAZIANO RITELLA			
	(Contact Person)		_	
FUTU	JRA HOSPITALITY			
	(Firm/Company)		_	
100 V	WILLOUGHBY STREET			
	(Address)		_	
Brook	klyn <b>N</b> y 11201			
	(City/State and Zip Code)			
For further information concerning this matter, please call:				
PIER	GRAZIANO RITELLA	917 at (	705-3326	
	(Name of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\Pi\$ \$25 Filing Fee \$\Pi\$ \$55 Filing Fee & Certified Copy				
STRE	ET/COURIER ADDRESS:		MAILING ADDRESS:	
_	ration Section		Registration Section	
	on of Corporations		Division of Corporations	
	n Building		P.O. Box 6327	
	Executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314	

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)

	limited liability company as it ap	pears on the records of the Florida Department
2. The Florida doce L1400007466	_	ed to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned	or will withdraw/resign is:
FUTURA HO		
TREASURER		
	(Print Title)	
of this limited lia resignation in-wr	• •	ited liability company has been notified of my
Signature of Di	ssociating Member or Resigning	Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	