## 1400077891

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SECRLIARIOF STATE

S. WARREN
JUN 1 3 2017

## **COVER LETTER**

TO:	Registration Se Division of Cor		r s	*		
crint		ess Administration, LLC				
Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Wilder G. Bernal				
	Name of Person					
	Sinet Business Administration, LLC					
	Firm/Company					
	172000 NW 87th Avenue					
	Address					
		Miami, FI 33015				
	City/State and Zip Code					
	wilder.bernal@sineteorporation.com					
		E-mail address: (	to be used for future annual report notif	ication)		
For fur	ther information c	oncerning this matter, please c	all:			
Wilder	r G. Bernal		786 704-6616			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclos	ed is a check for th	ne following amount:				
\$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 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)

	limited liability company as at Business Administration	s it appears on the records of the I	Florida Department
	ument/registration number a	ssigned to this limited liability co	mpany is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	5/20/2017
Elizabeth Da	rnol	, hereby withdraw/resign as	
Member			
	(Print Title)		
of this limited lia resignation in wr		e limited liability company has b	een notified of my
Elizai	ssociating Member or Resig		SEE
Signature of D	ssociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED 7 JUN 12 PH 12: 07 ECHL JARY OF STATE ALL MHASSEE, FLORID