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TO: Registration Section

CR2E079 (2/14)

Division of Corporations			
CARBON FIBER ENTERTAIL SUBJECT:	NMENT, LL	C.	
(Name of Limited Liability Company)			
The enclosed member, resignation or dissocia	tion and fee(s	s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to:		
KAREN MARTINEZ			
(Contact Person)		_	
CARBON FIBER ENTERTAINMENT, LLC	٥.		
(Firm/Company)		_	
14125 NW 80TH AVE, SUITE 401			
(Address)		_	
MIAMI LAKES, FLORIDA 33016			
(City/State and Zip Code)		_	
For further information concerning this matter, please call:			
KAREN MARTINEZ	305	549-8279	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma \$\sigma \text{\$\sigma \text{\$\s			
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	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

(Pursuant to 605.0216, Florida Statutes)

DIVISION OF CORPORATIONS DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:

CARBON FIBER ENTERTAINMENT, LLC.

2. The Florida document/registration number assigned to this limited liability company is:

L14000081665

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

CARLOS E. REYES

(Print Name of Person Resigning)

VICE-PRESIDENT

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

\$25.00 (Required) \$30.00 (Optional)

Filing Fee:

Certified Copy: