## L14000 105065

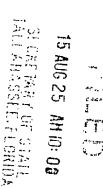
(Requ	estor's Name)			
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## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	TECT: CELISA LLC	
	(Name of Limited Liability Co	ompany)
The e	nclosed member, resignation or dissociation and fee(	(s) are submitted for filing.
Please	e return all correspondence concerning this matter to	:
LEO	NARDO QUINTERO	
	(Contact Person)	
CELI	ISA LLC	
	(Firm/Company)	_
3751	NW 109 AVE	
	(Address)	
COR	RAL SPRINGS FL 33065	
	(City/State and Zip Code)	_
For fi	urther information concerning this matter, please call	l:
LEO	NARDO QUINTERO 954	333-8383
		le & Daytime Telephone Number)
	osed please find a check made payable to the Florida 25 Filing Fee	Department of State for: ng Fee & Certified Copy
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the of State is:	•	it appears on the records of the Florida Department
2. The Florida docu L1400010506	•	ssigned to this limited liability company is:
4. I, CAYETANO	<del></del>	igned or will withdraw/resign is: 01/01/2015 , hereby withdraw/resign as a
of this limited lia resignation in wr		
J	\$25.00 (Required) \$30.00 (Optional)	