## 1/4000122035

(F	Requestor's Name)	
(F	Address)	
	Address)	
(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
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SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE AUG 27 2018

## COVER LETTER \_\_\_

_	ration Section on of Corporations		
•	Shaday Baez LLC		
SUBJECT:		imited Liability Cor	npany)
The enclosed i	member, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please return a	all correspondence concernir	ng this matter to:	
Boris Baez			
-	(Contact Person)		_
Shaday Bae	z LLC		
_	(Firm/Company)		_
11455 W FL	AGLER ST APT 510		
	(Address)	-	_
MIAMI, FL 3	3174		
	(City/State and Zip Code)		_
For further inf	ormation concerning this ma	atter, please call:	
Boris Baez		786	332-9699
(Na	me of Contact Person)		& Daytime Telephone Number
Enclosed plea.  ■ \$25 Filing	se find a check made payabl Fee		Department of State for: 3 Fee & Certified Copy
	URIER ADDRESS:		MAILING ADDRESS:
Registration S Division of Co			Registration Section Division of Corporations
Clifton Buildi	•		P.O. Box 6327
2661 Executiv Tallahassee, F	ve Center Circle Torida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



FILED 2018 AUG 17 AM 9: 07 SECRETARY OF STATE TALLAHASSEE, FL

## 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 appears on the records of the Florida Department day Baez LLC
2. The Florida docu L1400012203	iment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Eugenio A R	
Manager	(Print Title)
resignation in wr	pility company and affirm the limited liability company has been notified of my ling.  Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)