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SECRETARY OF STATE ATTALLAHASSEE, FLORIDA

JAN 2 9 2015 T. CARTER

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: MASAN	MASANTA LLC		
	of Limited Liability Company)		
The enclosed member, resignation or di	ssociation and fee(s) are submitted for filing.		
Please return all correspondence concer	ning this matter to:		
Carmen M Peters, CPA			
(Contact Person)	<del></del>		
Fernandez-Bergnes & Assoc., PA			
(Firm/Company)			
7400 West Flagler Street			
(Address)			
Miami, FL 33144			
(City/State and Zip Code)			
For further information concerning this	matter, please call:		
Carmen M. Peters	305 648-7100		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made paya \$25 Filing Fee	ble to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy		
CTDEET/COUDIED ADDRESS.	MAILING ADDRESS		

#### STREET/COURIER ADDRESS:

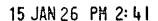
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA





### 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 limited liability company as	it appears on the records of the Florida Department
of St	ate is: MASANTA LLC	·
	Florida document/registration number as -000133721	ssigned to this limited liability company is:
3. The	date this member/manager withdrew/res	igned or will withdraw/resign is:
4. I <b>.</b>	SERGIO CASINELLI	, hereby withdraw/resign as a
	(Print Name of Person Resigning)	· · ·
	AMBR	
	(Print Title)	
	s limited liability company and affirm the nation in writing.	e limited liability company has been notified of my
Sign	nature of Dissociating Member or Resig	ning Manager