114000 141772

(Requestor's Name)	
(Address)	
(Address)	
, (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



500333525715

09/03/19--01009--030 **25.00

7. 1:11

Resignation

SEP : 1 2019 1 AL - TON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Firewan's Progre (Name of Limited Liability)	ssive Acquisitions LLC
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	
Miriam Pons (Contact Person)	
5340 SW 112th Ave (Firm/Company)	
Miami, Fla (Address)	
City/State and Zip Code)	
For further information concerning this matter, please of	call:
(Name of Contact Person) at (30)	Code & Daytime Telephone Number)
Enclosed please find a cheek made payable to the Florid	
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

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 limited liability company as it appears on the records of the Florida Department of State is: Fireway's Progressive Acquisitions 2. The Florida document/registration number assigned to this limited liability company is: 14000141772
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Hvgust 27, 2019 4. I. ICCC. L. Red Vistez. hereby withdraw/resign as a
of this limited liability company and affirm the limited liability company has been notified of my
Signature of Dissociating Member of Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)

CR2E079 (2/14)