U14000165569

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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JAN 13 TOTAL

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Butterfly Effect City Project TE	BEP LLC	
(Name of Limited Lia	bility Company)	
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to:	
Patricia Tovar		
(Contact Person)		
The Butterfly Effect City Project		
(Firm/Company)		
8391 NW 56 ST Doral Fl 33166		
(Address)		
Doarl Fl 33166		
(City/State and Zip Code)		
For further information concerning this matter, plea	ase call:	
Patricia Tovar at (786) 877-5351	
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the F \$\frac{1}{2}\$\$ \$25 Filing Fee \$\frac{1}{2}\$	Florida Department of State for: 55 Filing Fee & Certified Copy	
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 compar	y as it appears on the records of the Florida Department
of State is: The Butterfly Effect City	Project TBEP LLC.
2. The Florida document/registration numb	er assigned to this limited liability company is:
L14000165569	
3. The date this member/manager withdrew	/resigned or will withdraw/resign is: November 30th, 2014
4. I, Joseph Taveras (Print Name of Person Resigning)	hereby withdraw/resign as a
Manager	
(Print Title)	
of this limited liability company and affir resignation in writing.	m the limited liability company has been notified of my
Signature of Dissociating Member or R	esigning Manager
	TALL
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	JAN AH/