L14000187503

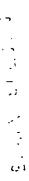
(Requestor's Name)
(Address)
- (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations					
SINDY LLC SUBJECT:					
	(Name of Limited Liability Company)				
The enclosed member, resignation or dissocia	tion and fee(s) are s	submitted for filing.			
Please return all correspondence concerning t	nis matter to:				
ENRIQUE RODRIGUEZ					
(Contact Person)					
(Firm/Company)		;			
605 EUCLID AVE SUITE 105					
(Address)	,				
MIAMI BEACH, FL 33139		•			
(City/State and Zip Code)					
For further information concerning this matter	, please call:				
ENRIQUE RODRIGUEZ	305 982	2-8281			
(Name of Contact Person)	\ <u> </u>	ytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314			



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)

0151	limited liability company DY LLC	as it appears on the records of the Florida	Department
2. The Florida doc L1400018750	•	assigned to this limited liability company	is:
		resigned or will withdraw/resign is:	/2017
4. I. ENRIQUE R	ODRIGUEZ same of Person Resigning)	hereby withdraw/resign as a	
(Print N DIRECTOR N			
	(Print Title)	·	
of this limited lia resignation in wr		the limited liability company has been no	tified of my
E	_12_5?		
Signature of D	issociating Member or Res	signing Manager	
~	\$25.00 (Required)		
Certified Conv:	\$30.00 (Optional)		