## -U4000/88643

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA





## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: FORTUNE 777, LLC (Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to	<b>:</b>
ANAMARIA VEVASOURA (Connect Person)	
1000 BRICKELL AUE. (Firm:Company)	
STE 640 (Address)	
MIAMI, FL 33131 (City/State and Zip Code)	
For further information concerning this matter, please cal	I:
ANAMARIA VELASQUES at ( 786 (Name of Contact Person) (Area Co	) Z10356Z de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  \$25 Filing Fee  \$55 Fili	Department of State for: ng 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 company as it appears on the	e records of the Florida Department
of State is:	ortune 777, LLC	
2. The Florida doc	ment∕registration number assigned to this Iir	nited liability company is:
L1400	188642	
3. The date this me	mber/manager withdrew/resigned or will with	hdraw/resign is: 01.12.15
4.1. ANAMARIA (Print N	Wetasque2 , hereby wi	thdraw/resign as a
Me	R (Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability	y company has been notified of my
Qu	ssociating Member or Resigning Manager	FIL JAN 15 SECRETAR TALLAHASS
Signatur (1997)	associating Memoer of Resigning Manager	m <sup>-</sup> < in
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	2: 2 STA: FLOR