## 114000195915

(Re	equestor's Name)				
(Ac	ddress)				
(Ac	idress)	···· -			
(Ci	ty/State/Zip/Phone	⇒ #)			
. PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
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ACCENTAL YOURS

## **COVER LETTER**

CR2E079 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: Box E Wyls monts ((C) (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
HANOUD ALVANET
Bere Insestments ((C.
951 Brickell Ave, #4206
Minui / Florian / 33131 (City/State and Zip Code)
For further information concerning this matter, please call:
HNOW AVMNED at (305) 437-1434 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  State for:  \$\sim \frac{1}{2}\$\$ \$25 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



## 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:	ere Investm	ents 11C	,
		signed to this limited liability c	ompany is:
11400	0195915		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is	: 07/30/47
4.1. Bethson	be-14 P77 ame of Person Resigning)	, hereby withdraw/resign a	AUG 25
manh	QV (Print Tide)		AHII:
of this limited liab		e limited liability company has	
	B-12		
Signature of Di	ssociating Member or Resign	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		