L15000003855

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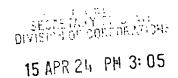
COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
SUBJECT: Royaute, LLC		
(Name of Limited Liability Company)		
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
John Altare		
(Contact Person)		-
Royuate, LLC		
(Firm/Company)		_
11321 SW 74 ST		
(Address)		
Miami, FL 33173		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	
John Altare	305	815-0322
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee		Department of State for: g 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 of State is:	limited liability company as it appears on the records of the Florida Department aute, LLC
2. The Florida docu L1500000385	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 2/15/2015
4. I, Mike Cala	, hereby withdraw/resign as a game of Person Resigning)
AMBR	
 1	(Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)