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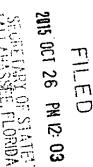
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MAC 350	0 LLC	
	Limited Liability Com	pany)
The enclosed member, resignation or dis-	sociation and fee(s)	are submitted for filing.
Please return all correspondence concern	ing this matter to:	
RODOLFO ALVAREZ		
(Contact Person)		
MAC 3500 LLC		
(Firm/Company)	** · · · · · · · · · · · · · · · · · ·	
3500 NW 114 STREET		
(Address)		
MIAMI, FLORIDA 33167	•	
(City/State and Zip Code)		
For further information concerning this n	natter, please call:	
RODOLFO ALVAREZ	786	367-6268
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee		epartment of State for: 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	e limited liability company as	it appears on the records of the Florida Department
of State is:	MAC 3500 LLC	
	•	ssigned to this limited liability company is:
<u></u>	.15000014300	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
4. I,		, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	
N	MANAGER	
<u></u>	(Print Title)	
of this limited lia resignation in w		ne limited liability company has been notified of my
Maural	I aluarez	Als oct 2
Signature of D	issociating Member or Resig	ming Manager STATE
Filing Fee:	\$25.00 (Required)	
Certified Copy	\$30.00 (Ontional)	<u>च</u> ित्र ७