## L150000 15520

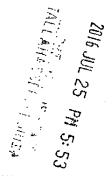
(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Name)	
(Doc	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	
		Status

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JUL 2 6 2016 S, YOUNG

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: F	YM PUNTOS YMER	CADOS LLC				
SUBJECT: _	(Name of Limited Liability Company)					
The enclosed r	nember, resignation or dis	sociation and fee(s	s) are submitted for filing.			
Please return a	ill correspondence concern	ning this matter to:				
	(Contact Person)		u.			
	(Firm/Company)		_			
	(Address)	·	_			
	(City/State and Zip Code)		_			
For further inf	formation concerning this i	matter, please call:				
		at (	)			
(Nai	ne of Contact Person)	(Area Code	e & Daytime Telephone Number)			
Enclosed pleas  □ \$25 Filing I	se find a check made paya Fee		Department of State for: g Fee & Certified Copy			
	URIER ADDRESS:		MAILING ADDRESS:			
Registration S Division of Co			Registration Section Division of Corporations			

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 lighility company as it appears (	on the records of the Florida Denart	<del>த்</del> ment
1. The name of the	limited liability company as it appears of	on the records of the Fronda Depart	===
of State is: PY	M PUNTOS Y MERCADOS LLC		25
2. The Florida docu	ment/registration number assigned to the	nis limited liability company is:	PM 2: 47
L15000015520	)		÷.
3. The date this men	mber/manager withdrew/resigned or wi	Il withdraw/resign is:	<b>-</b> -
4. I. Edgar Garcia			
(Print No	ame of Person Resigning)	3	
Manager			
(	Print Title)		
of this limited liab resignation in wri	oility company and affirm the limited lia	ability company has been notified o	fmy
Signature of Di	ssociating Member or Resigning Manag	ger	
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)		