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SECRETARY OF STATE OF

B FIGUEROA APR 0 2 2018

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: AMY HOLDINGS, LLC		
· · · · · · · · · · · · · · · · · · ·	mited Liability Co	mpany)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:	:
Moises Gilinski		
(Contact Person)		_
		_
(Firm/Company)		
287 Bal Cross Drive		
(Address)		_
Bal Harbour, Florida 33154		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	.
Moises Gilinski	305	606-6611
(Name of Contact Person)	_ ` \	e & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida I	Department of State for:
□ \$25 Filing Fee	■ \$55 Filin	g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

Tallahassee, Florida 32301

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 a	s it appears on the records of the Flo	rida Departme	ent
of State is:	Y HOLDINGS, LLC			_ ·
2. The Florida doc	ument/registration number a	assigned to this limited liability com	pany is:	
L1500003071	6	·		
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:	1/27/18	_
4. I, Moises Gilin	SKI	, hereby withdraw/resign as a		
(Print)	Name of Person Resigning)	, nelecty withdraw/resign as a		
MGR				
	(Print Title)			
of this limited lia resignation in wi		he limited liability company has bee	n notified of m	ıy
	MV-			
Signature of D	issociating Member or Resig	gning Manager	ಷ	O. S.
Filing Fee:	\$25.00 (Required)		MAR 30	SON O
Certified Copy:	\$30.00 (Optional)		30	FAR CZ