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COVER LETTER

Division of Corporations Vertex Enterprises, LLC **SUBJECT:** (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: Stefanie Cunha (Contact Person) Vertex Enterprises, LLC (Firm/Company) 3624 N University Dr. (Address) Coral Springs, FL 33065 (City/State and Zip Code) For further information concerning this matter, please call: Stefanie Cunha 894-6870

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

(Name of Contact Person)

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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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: Vert	ex Enterprises LLC	
2. The Florida doc L1500003768	_	ssigned to this limited liability company is:
3. The date this me	:mbcr/manager withdrew/res	igned or will withdraw/resign is:
4. I, Rubens Cun	ha	, hereby withdraw/resign as:a
(Print N	ame of Person Resigning)	70. 1 4
Title Manage	r	
	, - , - , -	e limited liability company has been notified of my
I her	u. La	
Signature of D	ssociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	