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SECRETARY OF STATE
PATI A HASSEE, FLORIDA

AUG 2 1 2015

**3 MASON** 

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: MIPAC LLC	Liability Company)
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
JULIO GALLO	
(Contact Person)	
Hi?Re LCC (Firm/Company)	<u> </u>
1441 Parierellibre (Address)	OS21#
Ylizeie — FL 331 (City/State and Zip Code)	31
For further information concerning this matter, p	please call:
JULIO GALLO	305 336-7783
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:  1 \$55 Filing 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 32301	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)

	limited liability company as			lorida	ı Departm	ient 
	ument/registration number as			mpany	is:	
3. The date this me	mber/manager withdrew/res		/resign is:	08/10	)/2015	
4. I, ULIO GALLO (Print Name of Person Resigning)		, hereby withdraw	, hereby withdraw/resign as a			
MGRM	ume of 1 erson Kesigning)					
· · · · · · · · · · · · · · · · · · ·	(Print Title)					
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability comp	oany has b	een no	tified of r	ny
Signature of Di	ssociating Member or Resig	ning Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY OF	2815 AUG 20 P		