1500063981

(Requestor's Name)	_						
(Address)	_						
(Address)	_						
(City/State/Zip/Phone #)	_						
PICK-UP WAIT MAIL							
(Business Entity Name)	_						
(Document Number)							
Certified Copies Certificates of Status	_						
Special Instructions to Filing Officer:							





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Well YRY -8 A 5:05

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ		nited Liability Company)	
	(Name of Linns	med Liability Company)	
The er	nclosed member, resignation or dissocia	iation and fee(s) are submitted for filing.	
Please	return all correspondence concerning the	this matter to:	
Ferna	ando Jimenez		
	(Contact Person)		
Orope	esa Management LLC	 15-	
-	(Firm/Company)		73
3281	Nw 78 Ave		8 - 494 BB
	(Address)		CO
Miam	i FL 33122		خ
	(City/State and Zip Code)	33	C)
For fu	rther information concerning this matter	er, please call:	
Marta	Pena	305 4770096 X 1012	
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	sed please find a check made payable to Filing Fee	to the Florida Department of State for: S55 Filing Fee & Certified Copy	
Regist Division Clifton 2661 L	ET/COURIER ADDRESS: ration Section on of Corporations in Building Executive Center Circle assee, 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 I	imited liability compa	ny as it a	appears on the	records of the Flo	orida D	ерапте	nt
of State is:	CASAKER	LL	С				
_	nent/registration num	_	med to this lin	nited liability com	pany is	:	
3. The date this men 4. I. Flyvau d (Print Na	nber/manager withdre Dimewt	w/resign OKOPō	ed or will with Market Marke	ndraw/resign is: _ feelet llc hdraw/resign as a	11-1	-18	-
MURM	Print Title)	·			٠.	i. [1.2]	; " "
of this limited liab resignation in writ	ility company and affi ing.	rm the li	mited liability	company has bee	en notifi	ied of m	•
_/m						čί >	ר: . כ
Signature of Dis	sociating Member or	Resignin	g Manager		Þ	0 50	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)						