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TO:

CR2E079 (2/14)

Registration Section

Division of Corporations MULTISERVICIOS HOLLYWOOD 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: JUAN CAMILO RENDON (Contact Person) MULTISERVICIOS HOLLYWOOD LLC (Firm/Company) 6634 STIRLING ROAD (Address) DAVIE, FLORIDA 33024 (City/State and Zip Code) For further information concerning this matter, please call: JUAN CAMILO RENDON (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee 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



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	s it appears on the records of the	Florida Department
2. The Florida docu L1500009094	J	ssigned to this limited liability o	company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is	7/3/2015 s:
4. I, DANA M AVILA , hereby withdra (Print Name of Person Resigning)		, hereby withdraw/resign a	as a
MANAGER			
	(Print Title)		
resignation in wr	iting.	he limited liability company has	been notified of my
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		15 JUL SECRET