

LI50000 99747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

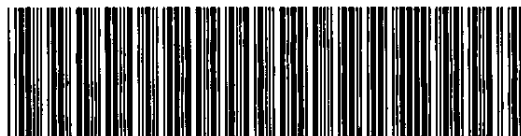
(Business Entity Name)

(Document Number)

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09/10/15--01006--005 \*\*25.00

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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: Dionis D. Perez

2. The Florida document/registration number assigned to this limited liability company is:

L15000099747

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/4/15

4. I, IRLNE PEREZ, hereby withdraw/resign as a  
(Print Name of Person Resigning)

C.F.O.  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) ✓  
Certified Copy: \$30.00 (Optional)