

LS000102747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

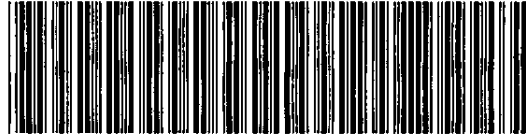
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/19/16--010001-0001 **35.00

FILED
16 JAN 19 PM 4:55
S. YOUNG
FEB 16 2016
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 FEB 16 AM 11:44
TALLAHASSEE, FLORIDA

January 22, 2016

OMAR SUPH OJARMAKUNI
832 SW 154TH PATH
MIAMI, FL 33194

SUBJECT: URBE WHOLESALE LLC
Ref. Number: L15000102747

We have received your document for URBE WHOLESALE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 716A00001495

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16 JAN 19 PM 4:54

CHRONOLOGICAL
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: URBE WHOLESALE LLC
(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:

OMAR SUPH
(Contact Person)

URBE WHOLESALE LLC
(Firm/Company)

832 SW 154th PATH
(Address)

MIAMI FL 33194
(City/State and Zip Code)

For further information concerning this matter, please call:

OMAR SUPH at (786) 452-3357
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
16 JAN 19 PM 4:54
TALLAHASSEE, FLORIDA



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: URBE wholesale LLC

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

L15000102747

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02-01-16

4. I, OMAR SUPH OJARMANI, hereby withdraw/resign as a
(Print Name of Person Resigning)

mgr
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

FILED
16 JAN 19 PM 4:54
TALLAHASSEE, FL 32304