

U500167514

\_\_\_\_\_  
(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:

Office Use Only



800281060138

01/20/16--01020--006 \*\*25.00

FILED  
16 JAN 20 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 20 2016  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRO TALENT AGENCY. 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:

ALEXANDER RODRIGUEZ

(Contact Person)

PRO TALENT AGENCY

(Firm/Company)

10544 NW 26 STREET STE. E-104

(Address)

MIAMI, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDER RODRIGUEZ

(Name of Contact Person)

at ( 305 ) 766-7583

(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 20 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



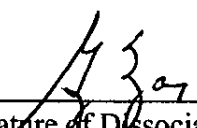
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: PRO TALENT AGENCY, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L15000167514
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/13/2015
4. I, GEORGE ZAMORA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
DIRECTOR (D)  
*(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 20 PM 5:10  
SECRETARY OF STATE  
PALM BEACH, FLORIDA