## L15000170423

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





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05/24/19--01001--011 \*\*25.00



D SCOTT
JUN 1 1 2019

## COVÈR LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CREENMAX LLC		
(Name of Lin	nited Liability C	Company)
The enclosed member, resignation or dissoc	iation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to	o:
FRANCISCO RUIZ		
(Contact Person)		——————————————————————————————————————
CREENMAX LLC		28 15.7 2 L
(Firm/Company)		
1395 BRICKELL AVE - SUITE 720		A 70
(Address)		— 40 a
MIAMI FL 33131		, -
(City/State and Zip Code)		<del></del>
For further information concerning this matt	er, please cal	ıl:
FRANCISCO RUIZ	305	529-0404
(Name of Contact Person)	_ `	de & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

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)

1. The name of the	limited liability company as it	t appears on the records of	the Flori	ida Depai	rtment
of State is:	EENMAX LLC		<u>2</u>	ر ن ن	-
2. The Florida doci	ument/registration number ass	igned to this limited liabil	•	12:	
4. l. SERGIO S F	mber/manager withdrew/resig	ned or will withdraw/resig, hereby withdraw/resi		/15/ <u>2</u> 019	, <b>ゴ</b>
AMBR	(Print Title)				
of this limited-lial resignation in wr	bility company and affirm the ting.	limited liability company	has been	notified (	of my
Signature of Di	ssociating Member or Resigni	ing Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				