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COVER LETTER

| TO: Registration Section Division of Corporations SUBJECT: Vinyl, 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: Sergio Leymarie (Contact Person) Vinyl, LLC (Firm/Company) 1921 SW 33 CT (Address) Miarmi , FL 33145 (City/State and Zip Code) For further information concerning this matter, please call: | TO: Registration Section Division of Corporations | | 1 | 19 00 |
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| Please return all correspondence concerning this matter to: Sergio Leymarie (Contact Person) Vinyl, LLC (Firm/Company) 1921 SW 33 CT (Address) Miami , FL 33145 (City/State and Zip Code) For further information concerning this matter, please call: | SUBJECT: Vinyl, LLC | | | 7 8 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 |
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| For further information concerning this matter, please call: | Miami , FL 33145 | | | |
| | (City/State and Zip Code) | | _ | |
| | For further information concerning this matter, | , please call: | | |
| William Silverman 203 927-6339 | William Silverman | | 927-6339 | |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) | | \ | & 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: | | | |
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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)

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