

L15000184 350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

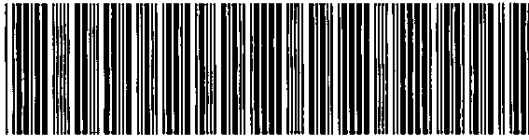
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2015 NOV 24 P 1:30
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

NOV 25 2015

BRUCE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MANCINI HOLDINGS12 LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

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TALLAHASSEE, FLORIDA

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Signature _____

Requested by: SETH

11/24/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANCINI HOLDINGS12 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:

LILIANA V AVELLAN, ESQ.
(Contact Person)

LILIANA V AVELLAN, P.A.
(Firm/Company)

9950 SW 107 AVENUE, STE 204
(Address)

MIAMI FL 33176-2767
(City/State and Zip Code)

For further information concerning this matter, please call:

LILIANA V AVELLAN, ES. at (305) 271-3760
(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

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TALLAHASSEE, FLORIDA

FILED



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: MANCINI HOLDINGS12 LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000184350

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/24/15

4. I, JUAN C. ALARCON, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(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

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TALLAHASSEE, FLORIDA

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