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TO:

CR2E079 (2/14)

Registration Section

Division of Corporations **3NRG LLC SUBJECT:** (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: Oscar I. Alfonso (Contact Person) Law Offices of Oscar I. Alfonso, Esq. (Firm/Company) 1000 Brickell Ave, Ste. 410 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Oscar I. Alfonso (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy □ \$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 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 of State is:	limited liability company as	it appears on the records of	of the Florida Departmen	ıt
2. The Florida docu L15000188512	nment/registration number a	ssigned to this limited liab	ility company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/res	sign is:	
A2811C	ame of Person Resigning)			
AMBR	ume of Terson Resigning)			
	(Print Title)			
of this limited lial resignation in wr	pility company and affirm the iting.	ne limited liability compan	y has been notified of my	y.
Signature of Di	ssociating Member or Resig	gning Manager		
	\$25.00 (Required) \$30.00 (Optional)		MINOV 23 A III:	