## L15000 195945

(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



300286277813

06/02/16--01024--009 \*\*25.00



## **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJEC			
	(Name of Lim	ited Liability Con	npany)
The enclo	sed member, resignation or dissoci	ation and fee(s	) are submitted for filing.
Please ret	urn all correspondence concerning	this matter to:	
Ana Tan	gari		
	(Contact Person)		_
	(Firm/Company)		<u></u>
9830 NV	V 88th STREET		
	(Address)		_
Doral, Fl	LORIDA, 33178		
	(City/State and Zip Code)		_
For furthe	er information concerning this matte	er, please call:	
AnaTan	gari	305	788-2276
	(Name of Contact Person)		& Daytime Telephone Number)
	please find a check made payable t ling Fee		Department of State for: g Fee & Certified Copy
Registration Division Clifton B 2661 Execution	C/COURIER ADDRESS: ion Section of Corporations uilding cutive Center Circle ee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



## 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)

	limited liability company as	s it appears on the recor	rds of the Florida Department
	ument/registration number a	ssigned to this limited	liability company is:
	ember/manager withdrew/res		
4. 1,	lame of Person Resigning)	, nereby withdraw	wresign as a
	aging Member		5
	(Print Title)		SAR SAR
of this limited lia resignation in wi		ne limited liability com	pany has been notified of my
Signature of D	issociating Member or Resig	gning Manager	-**
-	\$25.00 (Required) \$30.00 (Optional)		