11600016741

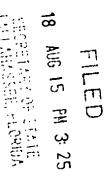
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800316460138

08/15/18---01015--012 •**+**25.00



COVER LETTER

TO: Registration Division of C						
ENGINE	PRO, LLC.					
SUBJECT:	Name of Lim	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	LORRAINE E. PEREZ					
Name of Person						
INTERCONTINENTAL LAW FIRM PA						
Firm/Company						
	3905 NW 107TH AVE., SUITE 303					
Address						
	DORAL, FL 33178					
		City/State and Zip Code				
	LPEREZ@INTERCONTL	_AW.COM to be used for future annual report notil	·			
For further information	r-man address: (reoncerning this matter, please c	•	(Callon)			
LORRAINE E. PERE		305 444-1272 at ()	: Telephone Number			
Name	e of Person	Area Code Daytime	: Telephone Number			
Enclosed is a check for	r the following amount:					
54 , \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 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)

	e limited liability company as it a	appears on the records of the	Florida Department
2. The Florida doc	ument/registration number assig	ned to this limited liability co	ompany is:
L1600001674	1 1		
3. The date this me	ember/manager withdrew/resigno	ed or will withdraw/resign is:	08/01/2018
4. I. ALAN SALIN			
	Name of Person Resigning)	<u></u> ,	
MANAGER			
	(Print Title)		
of this limited lia resignation in wr	ability company and affirm the ling	mited liability company has t	oeen notified of my
Signaturo	issociating Member or Resigning	g Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		