L16000033398

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Langaney Solutions LLC		
(Name of Lir	nited Liability Co	ompany)
The enclosed member, resignation or dissoc	iation and fee((s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
Reinaldo Aguila Langaney		
(Contact Person)		_
Langaney Solutions LLC		
(Firm/Company)		
225 SW 76 Th Ct		_
(Address)		
Miami/FL 33144		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call	; · ·
Reinaldo Aguila Langaney	305 at (5603865
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee Florida 20201		·, - ·

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 a	as it appears on the rec	ords of the I	Florida	Department
2. The Florida docu L1600002339	ament/registration number a	assigned to this limited	d liability co	mpany	'is:
3. The date this me	mber/manager withdrew/re	esigned or will withdra	w/resign is:	03/07	/2016
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/07/ 4. I, Greta Raya Garciarena, hereby withdraw/resign as a					
AMBR	, , ,				
	(Print Title)				
of this limited lial resignation in wr	pility company and affirm titing.	the limited liability con	mpany has b	een no	tified of my
G.	nosce				
Signature of Di	ssociating Member or Resi	gning Manager			
_	\$25.00 (Required) \$30.00 (Optional)				
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