

**L16000027911**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

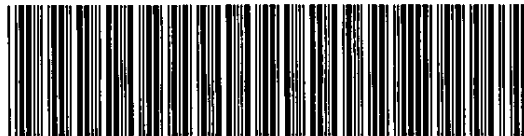
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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08/09/16--01034--008 \*\*55.00

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**2016 AUG -9 P 1:39**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**AUG 10 2016  
J. BRUCI**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Barley Hospitality Group 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:

Jorge G Ramos Jr  
(Contact Person)

Barley  
(Firm/Company)

20040 SW 132 AVE  
(Address)

Miami FL 33187  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge G Ramos at ( 305 ) 448-5046  
(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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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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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: Burley Hospitality Group LLC

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

L16000027911

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5-01-16

4. I, Jorge I Rumes, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Managing Member  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FLORIDA