

L160000 32176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

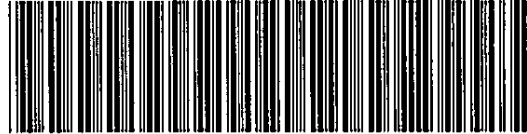
(Business Entity Name)

(Document Number)

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

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07/15/16--01029--012 \*\*25.00

FILED  
16 JUL 15 AM 10:00  
TALLAHASSEE, FLORIDA

JUL 18 2016

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 505 Consulting 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:

Gerardo Orence

(Contact Person)

505 Consulting LLC

(Firm/Company)

411 sw 37th ave

(Address)

Miami/FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerardo Orence

(Name of Contact Person)

at ( 305 ) 5604017

(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



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: 505 Consulting LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000032176

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/11/2016

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

MEMBER/PARTNER/ASSOCIATE  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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