

4/30/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MIAMI LEGAL USA
Account Number : 120200000089
Phone : (305)456-4547
Fax Number : (305)364-5660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIAMI XTREME VOLLEYBALL ACADEMY, LLC

Certificate of Status	0
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MAY - 4 2021

M. SOLOMON

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2021 MAY -3 AM 8:51

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDASECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 MAY -3 AM 10:36

FILED

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)

2021 MAY -3 AM 10:36

FILED

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: MIAMI XTREME VOLLEYBALL ACADEMY, LLC2. The Florida document/registration number assigned to this limited liability company is:
L160000316193. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/27/214. I, Jean Carlos Rosario, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member and Manager
(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 ManagerFiling Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)