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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
. (Bo	usiness Entity Name)	
(Di	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

JUN 29 AM IT: 20



COVER LETTER

TO:	_	stration Section sion of Corporations				
SUBJE	ECT:	ECT: CARBON FIBER PUBLISHING, LLC. (Name of Limited Liability Company)				
The er	nclosed	d member, resignation or disso	ociation and fee(s) are submitted for filing.		
Please	return	all correspondence concernit	ng this matter to:			
KAR	EN MA	ARTINEZ				
	_	(Contact Person)		_		
CARI	BON F	FIBER PUBLISHING, LLC.				
•	115	(Firm/Company)	<u> </u>	_		
1412	5 NW	80TH AVE, SUITE 401				
		(Address)		_		
MIAN	ЛI LAK	(ES, FLORIDA 33016				
		(City/State and Zip Code)	, <u> </u>	_		
For fu	rther is	nformation concerning this ma	atter, please call:			
KAR	EN MA	ARTINEZ	305 at (549-8279		
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
		ase find a check made payably Fee				
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section Corporations		Registration Section Division of Corporations		
	on or c n Buik			P.O. Box 6327		
2661 I	Execut	ive Center Circle Florida 32301		Tallahassee, Florida 32314		

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)

1. The name of the	limited liability company as it appears on the records of the Florida Departmen				
of State is:	of State is: CARBON FIBER PUBLISHING, LLC.				
2. The Florida doc	ument/registration number assigned to this limited liability company is:				
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:				
CARLOS RE	:VEQ				
(Print N	. hereby withdraw/resign as a lame of Person Resigning)				
VICE-PRESII	DENT				
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.				
	neg				
Signature of Di	ssociating Member or Resigning Manager				
-	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				