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Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	1
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D. SCOTT JUL 18 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: TORTUGA VENTURES, LLC		
(Name of Limited Liability C	ompany)	
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.	
Please return all correspondence concerning this matter to	):	
Alvaro Castillo		
(Contact Person)	_	
Castillo & Associates		
(Firm/Company)	articulate.	<u> </u>
1390 Brickell Avenue Suite 200		
(Address)	<del></del>	
Miami, FL 33131		
(City/State and Zip Code)	_	<u> </u>
For further information concerning this matter, please cal	II:	3- 1 O
Alvaro Castillo 305	371-5540	
(Name of Contact Person) (Area Co	de & Daytime Telephone Nur	mber)
Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee □ \$55 Fili	Department of State for: ng 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 Corporation P.O. Box 6327 Tallahassee, Florida 323	s

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)

	imited liability company as it	t appears on the records of the	: Florida Department
2. The Florida docu L16000056925		igned to this limited liability o	company is:
4. I, RAUL F LACI	me of Person Resigning)  Print Title)  illity company and affirm the	ned or will withdraw/resign i, hereby withdraw/resign limited liability company has	as a
Filing Fee:	socialing Member or Resign \$25.00 (Required) \$30.00 (Optional)	ing Manager	FILED TO ALL REPL TO ALL REPL