L16000058406

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section | | |
|----------|-----------------------------------------------------|---------------------|-----------------------------------------------|
| | Division of Corporations | | |
| SUBJ | JECT: PY RENTALS LLC | | |
| | (Name of I | Limited Liability C | Company) |
| The e | nclosed member, resignation or diss | ociation and fee | e(s) are submitted for filing. |
| Please | e return all correspondence concerni | ng this matter to | o: |
| Federi | co Roman Bogado | | |
| | (Contact Person) | | <u> </u> |
| PY RE | ENTALS LLC | | |
| | (Firm/Company) | | |
| 12225 | SW 115 TERRACE | | |
| | (Address) | | _ |
| МАМ | II, FL 33186 | | |
| | (City/State and Zip Code) | | |
| For fi | urther information concerning this m | atter, please cal | 1: |
| FEDE | RICO ROMAN BOGADO | 305 at (| 562 6168 |
| | (Name of Contact Person) | (Area Coo | de & Daytime Telephone Number) |
| | sed please find a check made payabl 5 Filing Fee | | • |
| حب نـــا | o i mig i ce | = ,55,71111 | ng ree te certinea copy |
| | Mailing Address: | | Street Address: |
| | Registration Section Division of Corporations | | Registration Section Division of Corporations |
| | P.O. Box 6327 | | The Centre of Tallahassee |
| | Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 |
| | | | Tallahassee, FL 32303 |

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)

| of State is: PY R | ENTALS LLC | | |
|------------------------------------------|------------------------------------------|---------------------------------|---------------------------|
| 2. The Florida doc L16000058406 | rument/registration numbe | r assigned to this limited liab | ility company is: |
| 3. The date this m | ember/manager withdrew/ | resigned or will withdraw/res | sign is: |
| Adrian F Romar | ı Bogado | haraby withdraw/ra | eign ge g |
| (Print i | Name of Person Resigning) | , hereby withdraw/re | sign as a |
| MANAGER/ME | MBER/OWNER | | |
| | (Print Title) | · | |
| of this limited lia resignation in wa | | the limited liability compan | y has been notified of my |
| | Adrian | Roman | |
| Signature of D | issociating Member or Re | signing Manager | <u> </u> |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 2629 DEC 15 PM 6: 2 |