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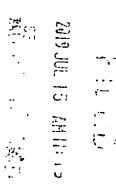
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations					
CRG Garage, LLC					
	nited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:				
Hannie Chahin					
Name of Person					
CRG Garage, LLC					
Firm/Company					
4300 NW 22nd Avenue					
Address					
Miami, FL 33142					
City/State and Zip Code					
chahinhannye@hotmail.com					
E-mail address: (to be used for future annual report	rt notification)				
For further information concerning this matter, please c	all:				
Scott Salomon 30	05 882-2739				
Name of Person	Area Code & Daytime Telephone Number				
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				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				



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)

	limited liability company as it appe Garage, LLC		rida D	epartr	nent
	ment/registration number assigned	to this limited liability comp	oany is	:	
4. I, Ezequiel Rial	mber/manager withdrew/resigned o		ine 19	i, 201 	19
Manager	Print Title)		選ので	2015 JUL	~į
resignation in wri	sility company and affirm the limited ting. Sociating Member or Resigning M		n notif	ied of	my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	anager			