## 110000591089

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## **COVER LETTER**

SUBJECT: ARIA PURA LLC			
Name of Lim	ited Liability	Company	
DOCUMENT NUMBER: L 16000059689			
The enclosed Resignation of Registered Agent f for filing.	for a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this	s matter to th	ne following:	
HECTOR J. MIR, ESQ.	•		
Name of Person			
HECTOR J. MIR, P.A.			
Name of Firm/Company			
815 PONCE DE LEON BOULEVARD, THI	RD FLOOR		
Address		•	
CORAL GABLES, FLORIDA 33134			
City/State and Zip Code		•	
HJMIRLAW@bellsouth.net			
E-mail address: (to be used for future annual report	notification)		
For further information concerning this matter,	please call:		
Hector J. Mir	305	444-0460	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	i Departmen ely dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite	
MAILING ADDRESS:	STREE	ET ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the ur	ndersigned,	
DYNAMIC GROUP ACQUISITIONS LLC		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	ARIA PURA LLC		
	Name of Limited Liability Company		د
L 16000059689			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liabili	ity company at its last known address.	
The agency is termina	ated and the office discontinued on the 31st day a	fter the date on which this statement is	s filed.
	(duand Not)	·	
	Signature of Resigning Age	nt and a second	100mm
If signing on behalf of	f an entity:		*
	DYNAMIC GROUP ACQUISITIONS	LLC ASS 23	F
	Typed or Printed Name	<u> </u>	M
	MANAGER		
	Capacity	A II: 40.  OF STATE FLORIDA	

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314