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| PICK-UP WAIT MAIL | | | | | | | | |
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| (Business Entity Name) | | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | _ | ntration Section ion of Corporations | | | | | | | |
|--------|---------------------|--------------------------------------|----------------------|--|--|--|--|--|--|
| SUBJ | ECT: | ARIA PURA LLC | | | | | | | |
| | | (Name of Limited Liability Company) | | | | | | | |
| The en | nclosed | member, resignation or dis | ssociation and fee(| s) are submitted for filing. | | | | | |
| Please | return | all correspondence concern | ning this matter to: | | | | | | |
| L 160 | 00059 | 9689 | | | | | | | |
| | | (Contact Person) | | | | | | | |
| HEC. | TOR J | . MIR, P.A. | | | | | | | |
| | | (Firm/Company) | | _ | | | | | |
| 815 F | PONC | E DE LEON BOULEVAR | D, THIRD FLOO | R | | | | | |
| | - | (Address) | | · | | | | | |
| COR | AL GA | ABLES, FLORIDA 33134 | 4 | | | | | | |
| | | (City/State and Zip Code) | | - | | | | | |
| For fu | ırther ic | nformation concerning this | matter, please cali: | | | | | | |
| HEC | TOR J | . MIR | 305 | 444-0460 | | | | | |
| | (N | ame of Contact Person) | | & Daytime Telephone Number) | | | | | |
| | sed ple 5 Filing | ase find a check made paya ; Fee | | Department of State for: g Fee & Certified Copy | | | | | |
| | | OURIER ADDRESS: | | MAILING ADDRESS: | | | | | |
| - | | Section | | Registration Section | | | | | |
| | | Corporations | | Division of Corporations | | | | | |
| | n Build Execut | ling ive Center Circle | | P.O. Box 6327 | | | | | |
| | | Planda 20201 | | 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)

| of State is: ARIA | | | | | | ent |
|-------------------------------------|--|-------------------------|----------------|------------|------------|----------|
| 2. The Florida docu L 1600005968 | ment/registration number ass 9 | signed to this limited | l liability co | mpany | is: | |
| 3. The date this me | mber/manager withdrew/resig | ened or will withdra | w/resign is: | MAY | 12,2016 | <u></u> |
| 4. T. p | | hereby withdra | w/resion as | R A | | |
| (Print N EDUARDO | ame of Person Resigning) PACHEOD UCHOA NETTO | | | • | | |
| MANAGER | | | | | | |
| | (Print Title) | • | | | | |
| resignation in wri | oility company and affirm the ting. ACQUISITIONS LIC | e limited liability con | npany has l | oeen no | tified of | my |
| Signature of Di EDUARDO PAC | ssociating Member or Resign | ing Manager | , | | reie will | 71 |
| Filing Fee: | \$25.00 (Required) | | | 77. 7.4 | | i marine |
| • | \$30.00 (Optional) | | | RY OF SIAN | 23 A II: 4 | |