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| questor's Name) | |
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| Certificates | of Status |
| filing Officer: | |
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*Office Use Only



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12/22/16--01011--012 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|-------------------|---|--|--|
| SUBJECT: Black Glass Events LLC | | • | | |
| (Name of Limi | ted Liability Cor | npany) | | |
| The enclosed member, resignation or dissocia | ation and fee(s | s) are submitted for filing. | | |
| Please return all correspondence concerning t | his matter to: | | | |
| Remy Bourzade | | | | |
| (Contact Person) | | _ | | |
| Black Glass Events LLC | | | | |
| (Firm/Company) | | - | | |
| 1010 Seminole Drive #209 | | | | |
| (Address) | | - | | |
| Fort Lauderdale FL 33304 | | | | |
| (City/State and Zip Code) | | _ | | |
| For further information concerning this matter, please call: | | | | |
| Yuri Tsyganov | 954 at (| 9156665 | | |
| (Name of Contact Person) | (Area Code | & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to ■ \$25 Filing Fee | | Department of State for: g 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 Corporations P.O. Box 6327 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)

| D | the limited liability company as it applack Glass Events LLC | pears on the records of the Florida | Department . |
|--------------------------------|--|-------------------------------------|--------------|
| 2. The Florida d L16000072 | locument/registration number assigned 881 | d to this limited liability company | is: |
| 3. The date this | member/manager withdrew/resigned | or will withdraw/resign is: | 9/2016 |
| 4. I, | dera Alvarez nt Name of Person Resigning), | , hereby withdraw/resign as a | |
| AMBR | . , | | |
| | (Print Title) | j | Z |
| of this limited resignation in | liability company and affirm the limi writing. | ted liability company has been no | Hilled owny |
| Serve | Aw | | 22 |
| Signature of | Dissociating Member or Resigning N | Manager S | WII:5 |
| Filing Fee: | \$25.00 (Required) | A | n' — |

Certified Copy: \$30.00 (Optional)