## 16000117361

(Req	uestor's Name)	
(Add	ress)	
. (Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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## 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)

2. The Florida document/registration number	er assigned to this limited liability company is:
	/resigned or will withdraw/resign is:
Maria I. Perez	, hereby withdraw/resign as a
(Print Name of Person Resigning)	,
Member and Manager	ហ
(Print Title)	·
of this limited liability company and affirm resignation in writing.	m the limited liability company has been notified of my

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)