1/6000/24651

(Requestor's Name)				
(Address)				
(Address)				
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ESTERLICH GROUP LLC			
301	(Name of Limited Liability Company)			
The er	nclosed member, resignation or dissocia	ition and fee(s) are submitted for filing.	
Please	return all correspondence concerning t	his matter to:		
DIEG	O EZEQUIEL KOJNOVER			
	(Contact Person)		_	
	(Firm/Company)	. 	-	
900 E	BAY DRIVE APT 412			
	(Address)		-	
MIAN	ИI BEACH, FL 33141			
	(City/State and Zip Code)		_	
For fu	orther information concerning this matte	r. please call:		
JOR	GE A. VIGO	305	266-1812	
	(Name of Contact Person)		& Daytime Telephone Number)	
	sed please find a check made payable to 5 Filing Fee		Department of State for: 3 Fee & Certified Copy	
Regis Divisi Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations on Building Executive Center Circle massee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



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TALLAHASSEE, FL

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)

The name of the limited liability company as it ap of State is:	ppears on the records of the Florida Department			
2. The Florida document/registration number assign L16000124651	ed to this limited liability company is:			
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/8/2018				
4. 1. DIEGO EZEQUIEL KOJNOVER (Print Name of Person Resigning)	, hereby withdraw/resign as a			
MANAGER MEMBER (Print Title)				
this limited liability company and affirm the ling resignation in writing.	nited liability company has been notified of my			
Signature of Dissociating Member or Resigning	Manager			