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COVER LETTER

TO:	_	stration Section ion of Corporations					
SUBJI	ECT:	FLIXAR INVESTORS LLC					
		(Name of Limited Liability Company)					
The en	closed	l member, resignation or dissoci	ation and fee(s) are submitted for filing.			
Please	return	all correspondence concerning	this matter to:				
MAUF	RICIO	DIAZ					
		(Contact Person)					
FLIXA	R PR	OPERTIES LLC					
		(Firm/Company)					
8750	NW 3	6 ST . SUITE 240		·			
	, , 20, 2	(Address)		_			
DORA	L FL	; 33178					
		(City/State and Zip Code)		_			
For fur	ther ir	nformation concerning this matt	er, please call:	in the state of th			
MAUF	RICĮO	DIAZ	786	970-2521			
	(N	ame of Contact Person)	\	e & Daytime Telephone Number)			
Enclos	-	ase find a check made payable t g Fee					
Registr Division Clifton 2661 E	ration on of C Build Executi	OURIER ADDRESS: Section Corporations ling ive Center Circle Florida 32301	,	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
CR2E079	 9 (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)

FLIX	limited liability company as i	t appears on the records of the Flo	orida Departme	nt _·
2. The Florida docu L16000133100	_	igned to this limited liability com	npany is:	
4. I, FLIXAR PRO (Print N MANAGER of this limited har resignation in wr	PERTIES LLC Jame of Person Resigning) (Print Title) bility company and affirm the	gned or will withdraw/resign is:, hereby withdraw/resign as a limited liability company has beauting Manager		
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			