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HARRIE

COVER LETTER

Division of Corporations			
SUBJECT: BENEMELIS & ROURA DISTRIBUTION	S LLC		
(Name of Limited Liability Con	mpany)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
ALBA E VIVAR			
(Contact Person)	_		
MIAMI DISPATCH & CARRIER SERVICES			
(l'irm/Company)	_		
8040 NW 95TH ST STE 106			
(Address)	_		
HIALEAH GARDENS, FL 33016			
(City/State and Zip Code)	_		
For further information concerning this matter, please call:			
ALBA E VIVAR 305	822-0255		
(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \\$25 \text{ Filing 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)

	limited liability company as	s it appears on the records of the Florida Department
	•	ssigned to this limited liability company is:
L1600013530	8 	·
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
ESDREY ROURA		, hereby withdraw/resign as a
· ———	ame of Person Resigning)	, nereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in wr	` ` `	ne limited liability company has been notified of my
	well &	•
Signature of Di	ssociating Member or Resig	ning Manager
	\	APR 27
Filing Fee:	\$25.00 (Required)	27
Certified Copy:	\$30.00 (Optional)	-0