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COVER LETTER

-	ration Section on of Corporations		
SUBJECT:	My Buena Vida LLC		
	(Name of E	limited Liability Con	ipany)
The enclosed	member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return	all correspondence concernir	ng this matter to:	
Joseph S. R	osenbaum		
	(Contact Person)		=
Rosenbaum	& Acevedo, LLP.		
	(Firm/Company)	-	_
40 NW 3rd S	Street, Suite 200		_
	(Address)		
Miami, FI 33	128		
	(City/State and Zip Code)		_
For further in	formation concerning this ma	atter, please call:	
Joseph S. R	osenbaum	305 at (446-6099
(Na	me of Contact Person)		& Daytime Telephone Number)
Enclosed plea \$25 Filing	ise find a check made payabl Fee		Fee& Contified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration S			Registration Section
Division of Concentration Clifton Buildi	•		Division of Corporations P.O. Box 6327
	nig ve Center Circle		Tallahassee, Florida 32314
Tallahassee, F			

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 Buena Vista LLC	it appears on the rec	eords of the	Florid	la Department	
2. The Florida docu L1600015140	ument/registration number a	ssigned to this limite	d liability co	ompar	ny is:	
3. The date this me	mber/manager withdrew/res	signed or will withdra	aw/resign is	3/1/	19	
4. I. Brandon Sta	udinger	hereby withdraw/resign as a				
Director						
	(Print Title)					
of this limited lia resignation in wr	bility company and affirm the iting.	ne limited liability co	mpanyhas SECRETAR SALLAHASS	been n 2019 MAR 18	notified of my	
Signature of Di	ssociating Member or Resig	ning Manager	11.13.23 13.00.23	σ	Ö	
_	\$25.00 (Required) \$30.00 (Optional)			ę. 32	-	