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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Constant Number)
(Document Number)
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TO: Registration Section Division of Corporations	LLC Ompany)	
SUBJECT: Cruise Construction (Name of Limited Liability Co	Dompany)	
The enclosed member, resignation or dissociation and fee		
Please return all correspondence concerning this matter to	:	
Mrco Dattini (Contact Person)	_	
Cruise Construction LLC (Firm/Company)		
3314 N.E. 34th Street (Address)		
Fort Landerdale Fl 33348 (City/State and Zip Code)	_	
For further information concerning this matter, please cal	l:	
Marco Oattini at (954) (Name of Contact Person) (Area Coo) 383-8257 le & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida S 55 Filip	Department of State for: ng Fee & Certified Copy	
Mailing Address: Registration Section	Street Address: Registration Section	

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	ruise Construction LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, <u>JORGE AL</u> (Print No.	EJANDED BARRIO, hereby withdraw/resign as a nine of Person Resigning)
· (Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	socialing Member or Resigning Munager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Required) \$30.00 (Optional)