## 11600198756

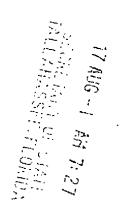
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
ified Copies	_ Certificates	of Status		
pecial Instructions to	Filina Officer	•		
recial instructions to 1 ming Officer.				

Office Use Only



200301746172

09/01/17--01021--008 \*\*25.00



AUG 0 3 2017 J SHIVERS

## → COVER LETTER

Division of Corporations		
BD 113 LLC SUBJECT:		
(Name of Limited	Liability Con	ppany)
The enclosed member, resignation or dissociation	on and fee(s	  ) are submitted for filing. 
Please return all correspondence concerning thi	s matter to:	
JULIANA LEITE		
(Contact Person)		<del></del>
JULIANA LEITE P.A.		
(Firm/Company)	***************************************	<del>-</del> 
1674 MERIDIAN AVE. STE 311		 
(Address)	<del></del>	
MIAMI BEACH-FL 33139		
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
JULIANA LEITE P.A.	<b>30</b> 5	929 8543
(Name of Contact Person)	·	& Daytime Telephone Number)
Enclosed please find a check made payable to to \$25 Filing Fee		Pepartment of State for: 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, Floridal Statutes)

BD	limited liability company as it 113 LLC	appears on the records	of the Florida Department
2. The Florida doc L1600019875	ument/registration number assi	igned to this limited liab	oility company is:
PAULO REI	ember/manager withdrew/resignATO CONCLI DOS SANTO  Name of Person Resigning)  (Print Title)		50.75
of this limited lia resignation in w	ability company and affirm the riting.	limited liability compan	y has been notified of my
Signature of D	rissociating Member or Resigni	ng Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	i	