## 116000213468

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PAMIAMI LLC	· · · · · · · · · · · · · · · · · · ·
(Name of Limited Liability Con	apany)
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.
Please return all correspondence concerning this matter to:	
Alejandro J Garcia	
(Contact Person)	_
Garsh Investments LLLP	
(Firm/Company)	-
1430 S Dixie Hwy 309	_
(Address)	,
Coral Gables, FL 33146	_ ;
(City/State and Zip Code)	,
For further information concerning this matter, please call:	
Alejandro J Garcia at (	)
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D  \$25 Filing Fee  \$55 Filing	epartment 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, Florida Statutes)

of State is: PAMIAMI LLC	is it appears on the records of the Florida Department
2. The Florida document/registration number	assigned to this limited liability company is:
L16000213468	
3. The date this member/manager withdrew/re	signed or will withdraw/resign is:
4. I, Gladys M. Rodriguez  (Print Name of Person Resigning)	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Member	<b>*</b>
(Print Title)	
of this limited liability company and affirm tresignation in writing.	he limited liability company has been nothing of any
(dales Podryan	OF ST
Signature of Dissocrating Member or Resi	gning Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)