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SECRETARY OF STATE FAULAHASSEE, FLORID/

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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corp	orations				
SUBJECT: MIAMI BA	IT MAN LLC				
	(Name of Limited L	(Name of Limited Liability Company)			
The enclosed member, re	esignation or dissociation	and fee(s)	are submitted for filing.		
Please return all correspo	ondence concerning this r	natter to:			
DAIRIS ESTRADA					
(Contact Person)			•		
VARGAS, PIEDRA &	COMPANY CPA				
(Firm/Company)			•		
9100 SOUTH DADEL	AND BLVD STE 912				
(Address)			•		
MIAMI, FLORIDA 33156					
(City/State and Zip Code)		•			
For further information c	oncerning this matter, ple	case call:			
DAIRIS ESTRADA	at (305	671-0003		
(Name of Conta	et Person) (A	Area Code	& Daytime Telephone Number)		
Enclosed please find a ch ■ \$25 Filing Fee			epartment of State for: Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS: Registration Section		
Division of Corporations		Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314			





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 la	imited liability company as	it appears on the records of the Florida Department	
of State is:	II BAIT MAN LLC		
2. The Florida docur	ment/registration number as	signed to this limited liability company is:	
L16000221161			
3. The date this men	nber/manager withdrew/resi	gned or will withdraw/resign is:	
4. I, MIGUEL MURIAS		hereby withdraw/resign as a	
(Print Nat	me of Person Resigning)	, hereby withdraw/resign as a	
MANAGER AN	ND MEMBER		
(F	Print Title)		
resignation in writ	ing.	e limited liability company has been notified of my	
Sagnature of Dis	sociating Member or Resign	ning Manager	
/			
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		