## 116000232165

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	

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## **COVER LETTER**

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Divisio	on of Corporations					
SUBJECT:	SINLIMITES ZERO LLC					
50202011	(Name of Limited Liability Company)					
The enclosed	member, resignation or dissoc	ciation and fee(s	s) are submitted for filing.			
Please return	all correspondence concerning	g this matter to:				
HAYDEE MO	ONTIEL					
44 - 45 - 47 - 47 - 47 - 47 - 47 - 47 -	(Contact Person)		_			
SIN LIMITES	S ZERO LLC					
	(Firm/Company)		_			
23 SE 4th. S	π.					
	(Address)		_			
DANIA FL. 3	3004					
	(City/State and Zip Code)		_			
For further inf	formation concerning this mat	ter, please call:				
HAYDEE MO	ONTIEL	954 at (	534-3896			
(Na	me of Contact Person)		& Daytime Telephone Number)			
	se find a check made payable					
■ \$25 Filing	Fee	□ \$55 Filing	g Fee & Certified Copy			
STREET/CO	URIER ADDRESS:		MAILING ADDRESS:			
Registration S			Registration Section			
Division of Co	•		Division of Corporations			
Clifton Buildi			P.O. Box 6327			
2661 Executiv	e Center Circle		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)

	ited liability company as it	t appears on the records of the Florida I	Departmo	ent 
2. The Florida docume L16000232165	nt/registration number assi	igned to this limited liability company i	is:	
4. I, GIANLUCA TAR	TACLIA	ned or will withdraw/resign is: 01/02/2, hereby withdraw/resign as a	2017	_
,		limited liability company has been noti	fied of r	ny
Filing Fee:	ciating Member or Resigni	ing Manager	17 JAN 19 PH	FILED STORY TARY OF THE DISTRIBUTION
Certified Copy:	\$30.00 (Optional)		1: 2:	