L17000047054

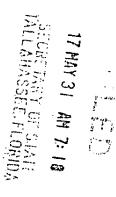
(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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05/31/17--01022--022 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI		G AGENC	Y		
30131	(Name of Limited	l Liability Cor	mpany)		
The en	The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:					
	JILENNY PORRAS				
	(Contact Person) (Firm/Company)				
	8200 NW 27TH ST SUITE 114				
	(Address)		_		
	DORAL, FL 33122		_		
	(City/State and Zip Code)				
For further information concerning this matter, please call:					
	JILENNY PORRAS	305 t (986-8966		
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\begin{align*} \text{\$\text{25}} \text{ Filing Fee} \text{\$\text{Certified Copy}} \end{align*}\$					
Regist Divisio Cliftor 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, 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)

	e limited liability company a			
2. The Florida document/registration number assigned to this limited liability company is: L17000047054				
RO	XANNA LEON	signed or will withdraw/resign is:		
	Name of Person Resigning) horized Person	, hereby withdraw/resign as a		
of this limited lice	(Print Title) ability company and affirm triting.	the limited liability company has been notified of my		
Signature of D	Occiating Member or Resi	gning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			