117000073467

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
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ALLAHASSEE, FIGRICA

JUL 1 7 2017

COVER LETTER

Division of Corporations				
SUBJECT: HIPERMEDIOS TECH LLC				
	ted Liability Com	pany)		
The enclosed member, resignation or dissocia	tion and fee(s)	are submitted for filing.		
Please return all correspondence concerning the	his matter to:			
HANS O. MORA COLMENARES				
(Contact Person)				
HIPERMEDIOS TECH LLC				
(Firm/Company)		•		
2200 NW 72 AVE # 524424				
(Address)		-		
MIAMI, FL 33152				
(City/State and Zip Code)		•		
For further information concerning this matter	r, please call:			
HANS O. MORA COLMENARES	786 at (2102463		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to ■ \$25 Filing Fee		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)

1. The name of the	limited liability company a	s it appears on the records of the Flo	orida Departn	nent
of State is: HIPE	ERMEDIOS TECH LLC			<u> </u>
	· ·	assigned to this limited liability com	pany is:	
L17000073467	7	,		
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is: _	6/05/2012	i
4. I, HECTOR J. S	SAA	hereby withdraw/resign as a	₩¥ SSER	
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a	A A	T
MGR			AM (): 49 Of STAIL FLORID	
	(Print Title)		E A	
of this limited lial resignation in wr	· · ·	he limited liability company has bee	en notified of	my
Signature of Di	speciating Member or Resi	gning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			