

L170000 92003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100321071521

11/26/16--01024--007 **30.00

FILED
2018 NOV 26 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

DEC 03 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hoop Club Miami
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Carlos Castilla
(Contact Person)

Hoop Club Miami
(Firm/Company)

10863 NW 7th
(Address)

Miami, FL 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Castilla at (305) 300-8385
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing 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

FILED
2018 NOV 26 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 as it appears on the records of the Florida Department

of State is: Hoop Club Marri

2. The Florida document/registration number assigned to this limited liability company is:

L17000093003

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-19-2018

4. I, Carlos Castilla, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

FILED
2018 NOV 26 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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