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SECRETARY OF STATE

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COVER LETTER

	ion Section		
Division	of Corporations		
	ink America LLC		
SUBJECT:		Limited Liability Co	
	(Name of	Limited Liability Co	ompany)
The enclosed me	mber, resignation or diss	sociation and fee	(s) are submitted for filing.
Please return all	correspondence concern	ing this matter to	:
Roberto Pecch	i 1		
	(Contact Person)		_
	(Firm/Company)		_
245 18th street	 apt 603		
	(Address)		_
Miami Beach F	L 3 3139		
	(City/State and Zip Code)		_
For further inform	mation concerning this n	natter, please call	:
Roberto Pecch	1)	786 at (5642318
(Name	of Contact Person)		le & Daytime Telephone Number)
•			Department of State for:
■ \$25 Filing Fee		□ \$ 55 Filir	ng Fee & Certified Copy
STREET/COU	RIER ADDRESS:		MAILING ADDRESS:
Registration Sect			Registration Section
Division of Corp	orations		Division of Corporations
Clifton Building			P.O. Box 6327
2661 Executive (Center Circle		Tallahassee, Florida 32314
Tallahassee, Flor	ida 32301		
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
	imited liability company as it appears on the records of the Florida Department America LLC
2. The Florida docu L17000109410	ment/registration number assigned to this limited liability company is:
	Dec 11 2017
 The date this ment Roberto Pecc 	nber/manager withdrew/resigned or will withdraw/resign is:
4. I,	hereby withdraw/resign as a
(Print Na	me of Person Resigning)
MGR	
	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)