# L17000112413

(Req	uestor's Name)	<u> </u>
. (Add	iress)	
(Add	lress)	
(City	//State/Zip/Phone	<del>= #)</del>
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## COVER LETTER

SUBJECT:		Limited Liability Com	pany)	
The enclose	d member, resignation or dis	sociation and fee(s)	are submitted fo	r filing.
Please retur	n all correspondence concern	ing this matter to:		
BRUCE H	ORNSTEIN			
	(Contact Person)			
BRUCE H	ORNSTEIN, P.A.			
	(Firm/Company)			
6961 India	an Creek Drive			
	(Address)	<b>n.</b>		₹ <b>.</b>
Miami Bea	ich, Florida 33141			2018 JUL 30 SECRETARY ALLAHASSE
	(City/State and Zip Code)	<del></del>		SE SE CO
For further i	information concerning this n	natter, please call:		NY OF SEE FL
Bruc Horn	stein	305	397-8476	S R
(1)	Name of Contact Person)		& Daytime Teleph	one Number)

#### 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)

The name of the limited liability company as it appears on the records of the Florida Department
of State is:
The Florida document/registration number assigned to this limited liability company is:  L17000112413
The date this member/manager withdrew/resigned or will withdraw/resign is:
Carlos E. Fernandez  (Print Name of Person Resigning), hereby withdraw/resign as a
Manager ·
of this limited liability company and aftirm the limited liability company has been marked my resignation in writing.  Signature of Dissociation Manhor or Parising Manager.
Signature of Dissociating Member or Resigning Manager
iling Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)