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nanten Resignation

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COVER LETTER

SUBJECT:	SOIRMADA SERVICES LLC	
	(Name of Limited Liability Co	ompany)
The enclosed	d member, resignation or dissociation and fee	(s) are submitted for filing.
Please return	all correspondence concerning this matter to	:
ANDREIA	BARBOSA FERNANDES RIOS	
	(Contact Person)	
	(Firm/Company)	_
6900 Danie	els Parkway Suite 29 - 363	
	(Address)	_
Fort Myers	/ FL-33912	
	(City/State and Zip Code)	_
For further in	nformation concerning this matter, please call	:
ANDREIA	BARBOSA FERNANDES RIO 786	449-9335
	lame of Contact Person) (Area Cod	le & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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)

	RMADA SERVICES LLC	appears on the records of the Florida	Departme	ent
2. The Florida doc L1700012196	•	gned to this limited liability company	is:	
		ned or will withdraw/resign is: 05-11/08, hereby withdraw/resign as a	-2019	_
AMBR	(Print Title)		10 11 4	
resignation in wr	iting.	limited liability company has been not	ified & m 1110: 05	,
	ssociating Member or Resignii \$25.00 (Required) \$30.00 (Optional)	ng Manager		10