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Registration Section
Division of Corporations

CR2E079 (2/14)

SUBJECT: Eventor Histonian (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: Eventos Hislands
(Firm/Company) 15920 Bayside Pointe West #805 fort Myers FL 33908 For further information concerning this matter, please call: (Name of Contact Person) at (305) 763 - 5727 (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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations Clifton Building** P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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 co	ompany as it appear	s on the records of the Fl	lorida De _l	partment
of State is:	rother	Hislands			·
2. The Florida docu	ment/registration	number assigned to	this limited liability con	npany is:	
L1700	012484	<u> </u>			
3. The date this me	mber/manager wit	hdrew/resigned or	will withdraw/resign is: _	<u>u/i</u>	113
4. I, <u>Juan</u>		, he	reby withdraw/resign as		
_ c.E.(O . (Print Title)				_ =
of this limited lial resignation in wri	bility company and iting.	affirm the limited	liability company has be	en notifie	Tof my
Me	AIN			ASSECT.	-9 PH
Signature of Di	sociating Membe	r or Resigning Mar	nager	401901. 7:21 S	ယ် <u>ကြို</u> မျာ
Filing Fee:	\$25.00 (Requir	red)		•	
Certified Copy:	\$30.00 (Option	nal)			