## 117000194045

— (R	equestor's Name)	<del></del>
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(C	ity/State/Zip/Phon	ne #)
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SECREJARY OF STATE

K. SALY MAR - 9 2018

CR2E079 (2/14)

	stration Section	•	~	
DIVI	sion of Corporations			
SUBJECT:	BEVIMI & MANGIAMI LLC			
	(Name of Lin	nited Liability Con	mpany)	
The enclosed	d member, resignation or dissoc	iation and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
CAROLYN	KAHL			
	(Contact Person)		<del>-</del>	
ROCA GO	NZALEZ P.A.		•	
	(Firm/Company)		_	
3370 MAR	Y STREET			
-	(Address)		_	
MIAMI, FL	33133			
	(City/State and Zip Code)		_	
For further information concerning this matter, please call:				
CAROLYN	KAHL	305 _ at (	859-6050	
(N	Jame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple \$25 Filing	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy	
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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TAILAHASSEE FLORD

## 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 Flo	orida Department
of State is:	
Of State is:	
2. The Florida document/registration number assigned to this limited liability com	nany ie
L17000194045	
	1
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	2/31/2017
	er en general de la companya de la c
4. I, ERNESTO GRANIERO	
(Print Name of Person Resigning)	
MEMBERMANAGER	
(Prini Tille)	
of this limited liability company and affirm the limited liability company has been seed to be seed	n notified of my
resignation in writing.	
JUNIRIO GIMMO	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	
THE REPORT OF THE PARTY OF THE	