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A RETURN OF STATE

## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJ	ECT: VISMOR, LLC		
	(Name of L	imited Liability Co	ompany)
The er	nclosed member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please	return all correspondence concernin	ig this matter to	):
Zachar	y D. Margules, Esq.		
	(Contact Person)		_
Margul	les Law Group, P.A.		
	(Firm/Company)		<del></del>
7805 S	W 6th CT.		
	(Address)		_
Plantat	ion, FL 33324		
	(City/State and Zip Code)		<del></del>
For fu	rther information concerning this ma	itter, please cal	<b>l</b> :
Zachar	y D. Margules, Esq.	954 at (	547-2863
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclos	sed please find a check made payable	e to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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	imited liability company as it appe	ears on the records of the Flori	da Depar	tment	
	lismor, LL			·	
2. The Florida docu	ment/registration number assigned	to this limited liability compa	ny is:		
3. The date this mer	nber/manager withdrew/resigned o	r will withdraw/resign is:	114/	02	025
	Movales , h			,	
Part.					
<u> </u>	Print Title)				
	ility company and affirm the limite	ed liability company has been	notified (	of my	
	eals" Maran sociating Member of Resigning M.				
Signature Otopis	sociating Member or Resigning M.	anager			
Filing Fee:	\$25.00 (Required)			133	
Certified Copy:				33	
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			ن. س کیا	<u> </u>	
CR2E079 (2/14)			고학	٠.٠	