## 117000244158

| (Requestor's Name)                      |                    |             |  |  |
|---|--------------------|-------------|--|--|
| (Address)                               |                    |             |  |  |
| (Address)                               |                    |             |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Business Entity Name)                  |                    |             |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |

Office Use Only



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J. HARRIS

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |   |  |  |  |
|---|---|--|--|--|
| SUBJECT: KORAL CONSULTANT LLC   |   |  |  |  |
| (Name of Lim  | ited Liability Company)   |  |  |  |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing.   |   |  |  |  |
| Please return all correspondence concerning this matter to:   |   |  |  |  |
| ENRIQUE FARNOT  |   |  |  |  |
| (Contact Person)  |   |  |  |  |
| KORAL CONSULTANT LLC  |   |  |  |  |
| (Firm/Company)  |   |  |  |  |
| 5335 NW 87TH AVE, SUITE C-109/221   |   |  |  |  |
| (Address)   | <del></del>   |  |  |  |
| DORAL, FL 33178   |   |  |  |  |
| (City/State and Zip Code)   |   |  |  |  |
| For further information concerning this matter, please call:  |   |  |  |  |
| ENRIQUE FARNOT  | 305 790-7518  |  |  |  |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)  |  |  |  |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\Bigsir \text{\$\text{S25} Filing Fee} \text{\$\text{\$\text{Certified Copy}}\$}\$ |   |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301                          | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>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)

|                          | RAL CONSULTANT LLC   | it appears on the records of  | the Florida Department |
|--------------------------|--|---|------------------------|
|                          | ument/registration number as   | ssigned to this limited liabilit  | y company is:          |
| 4. I, BENEDETTO (Print N | O CARDELLA  Same of Person Resigning)  (Print Title)  bility company and affirm th | igned or will withdraw/resign, hereby withdraw/resign e limited liability company h | gn as a                |
| Signature of D           | issociating Member or Resignation (Required)                                       | ning Manager  | 2017 (DEC - 8 PH 1: 1) |