## L17000252856

(Requestor's Name)				
(Address)				
(1.001033)				
(Address)				
(City/State/Zip/Phone #)				
(0.0,0000000000000000000000000000000000				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
Certified Copies Certificates of Status				
<u></u>				
Special Instructions to Filing Officer:				





000321564400

12/03/18--01014--018 ++25.00

18 05C -3 All 7: 21

## **COVER LETTER**

Divisio	n of Corporation	ons		
SUBJECT:	BASALT	AMERICA	TENA, TORY	3, LL C
_		(Name of Lim	ited Liability Compar	ny)
The enclosed n	nember, resign	ation or dissoci	ation and fee(s) a	re submitted for filing.
Please return a	ll corresponder	nce concerning	this matter to:	
E Du	AND CES	Person)		
	(Contact	Person)		
	(Firm/Ce	mpany)		
5961	NE 18	TENLAC	: E	
F7. (	(City/State a	33308 and Zip Code)		
For further info	ormation conce	erning this matt	er, please call:	
EDWAR	n CESPET	ES	at ( <u>954</u> )	465 1404
(Nan	ne of Contact Pe	erson)	(Area Code &	Daytime Telephone Number)
Enclosed pleas  ☐ \$25 Filing F		made payable t	•	artment of State for: ee & Certified Copy
STREET/CO Registration Se		RESS:		AILING ADDRESS: egistration Section
Division of Co				ivision of Corporations
Clifton Buildin	រតិ		P.	O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301			Та	illahassee, Florida 32314

CR2E079 (2/14)

**TO:** Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

:5 -

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY $\approxeq$

(Pursuant to 605.0216, Florida Statutes)

7: 21

1. The name of the	limited liability company as	s it appears on the records of th	e Florida Department
of State is:	ASALT AMERICA TO	onniony 3, LLC	<del></del> '
2. The Florida doci	ament/registration number a	assigned to this limited liability	company is:
	03458-7		11/28/18
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is: <b>15/17</b>
4. I. L DWAL	O A. CESPEDET	, hereby withdraw/resign	
(Print N	lame of Person Resigning)		
MANAG	EN		
	(Print Title)		
of this limited lia resignation in wr		he limited liability company ha	s been notified of my
39			
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		