

04/06/2018 10:33

From: 3050517508 Meland Russin

H180001092213 Page: 1/2

4/6/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000109221 3)))



H180001092213ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MELAND RUSSIN & BUDWICK, P.A.
Account Number : 120040000113
Phone : (305)358-6363
Fax Number : (305)358-1221

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CRAMOS@MELANDRUSSIN.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PURA VIDA APARTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

RECEIVED

2018 APR -6 AM 10:58

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALLY

APR 9 2018

Electronic Filing Menu

Corporate Filing Menu

Help

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONSTT18000109221 3
FILED
18 APR -6 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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 Florida Department of State is: PURA VIDA APARTMENTS, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000263288
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/28/2017
4. I, OSCAR RODRIGUEZ, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "Oscar Rodriguez", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)