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TO: Registration Section		
Division of Corporations		
MIND MIAMI LLC SUBJECT:		
(Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
LUIS R. SMITH		
(Contact Person)		
TAXES USA LLC		
(Firm/Company)		
5892 STIRLING RD # 4		
(Address)		
HOLLYWOOD, FL 33021		
(City/State and Zip Code)	~	144 144 144 144 144 144 144 144 144 144
For further information concerning this matter, please call:	3.111.15	1387
LUIS R. SMITH 305 470-2429 at ()		
(Name of Contact Person) (Area Code & Daytime Telephone Number)	F#10: 1	19 S S
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy	J: 16	TATE

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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)

of State is:		
The Florida document/registration number L18000001807		
The date this member/manager withdrew/re	esigned or will withdraw/resign is:, hereby withdraw/resign as a	2020 20 JUL 2015 OH O
l,(Print Name of Person Resigning)	, nereby withdrawnesign as a	ー つ つ つ
MGR		V210:
(Print Title)		
of this limited liability company and affirm resignation in writing.	the limited liability company has been no	otified of my
/		