

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Ći	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

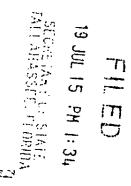
Office Use Only



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COVER LETTER

TO:	_	tration Section ion of Corporations					
SUBJI	Pisces Purchase LLC						
		(Name of Limited Liability Company)					
The en	refosed	member, resignation or dissoci	ation and fee(s	s) are submitted for filing			
Please	return	all correspondence concerning	this matter to:				
Carm	en E.	Cadavid		_			
		(Contact Person)					
Pisce	s Puro	chase LLC					
		(Firmi Company)		_			
11306	WN 6	59 Terr.					
•		(Address)		_			
Doral	, FI 33	178					
-		(City State and Zip Code)					
For fu	rther ir	dormation concerning this matte	er, please call				
Carm	en E.	Cadavid	786	3318342			
	(N	nine of Contact Person)		& Daytime Telephone Number (
Enclos	•	ase find a check made payable t Fee		Department of State for, g Fee & Certified Copy			
Registi Divisio Cliftor 2661 I	ration on of C i Build Execut	OURIER ADDRESS: Section Corporations ling Eve Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

	Timited liability company as es Purchase LLC	s it appears on the records of the	Florida Department
2. The Florida doc L1800000833	_	issigned to this limited liability co	ompany is
Nelson R. V	enas	signed or will withdraw resign is, hereby withdraw resign as	
Manager	Came of Person Resignings (Print Title)		
of this limited ha		he limited liability company has l	oeen notified of my
Hiling Fee	issociating Member of Relig \$25.00 (Required) \$30.00 (Optional)	gning Manager	TE PH 1:34