1 18 0000 47789

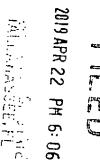
(Requ	estor's Name)		
(Addre	ess)			
(Addre	ess)			
(City/S	State/Zip/Phor	ne #)		
PICK-UP	WAIT	MAIL		
(Busin	ess Entity Na	me)		
(Docus	ment Number)		
Certified Copies Certificates of Status				
Special Instructions to Fili	ng Officer:			
		1		

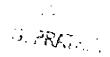
Office Use Only



100328264701

04/22/19--01035--034 **25.00





COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Senenity (Name of Li	OME LLC
(Name of Li	mited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
751	
Please return all correspondence concerning	g this matter to:
Susana Jimenez	
(Contact Person)	
(Firm/Company)	
PO Box 941765	
(Address)	
Miami, FL 33194	
(City/State and Zip Code)	
For further information concerning this mat	ttar places call-
To return information concerning this mai	ner, prease can.
Susana Jimenez	at (305) 763-6228
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
England places End a shark and a south	Andre Placia Decrease a consecutive
Enclosed please find a check made payable \$\omega\$ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
3	= true rining rot at continue copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,

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)

1. The name of the	limited liability company a	as it appears on	the records of the Flor	rida De _l	partme	nt
of State is:	Seresity	OME, C	, LC ²			÷
2. The Florida doc	ument/registration number	assigned to this	limited liability comp	oany is:		
1180	00047789	. <u></u> -				
3. The date this me	mber/manager withdrew/re	signed or will w	vithdraw/resign is: <u>/</u>	pul 1	5,201	15
4. I, Wich we (Print N	lame of Person Resigning)	, hereby	withdraw/resign as a			
MGR/	Olines. (Print Title)					
of this limited lia resignation in wr	bility company and affirm titing.	he limited liabi	lity company has beer	n notifie	d of m	у
Signature of Di	ssociating Member or Resi	gning Manager		•	20	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			PALI MIASS	2019 APR 22	