L18000078141

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity/State/Elp/: Notic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomoo Line), Harrie,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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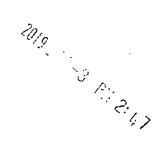
JUN 1 9 2019
I ALBRITON

COVER LETTER

_	istration Section ision of Corporations		
SUBJECT:			
	(Name of I	limited Liability Cor	npany)
The enclose	ed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please retur	n all correspondence concerni	ng this matter to:	
RODRIGO) AZPURUA		
-	(Contact Person)	_	-
	(Firm/Company)		-
2750 SW	145TH AVE SUITE 106		
	(Address)		-
MIRAMAR	R, FLORIDA, 33027		
	(City/State and Zip Code)		_
For further	information concerning this m	atter, please call:	
RODRIGO) AZPURUA	305	433-2397
(1	Name of Contact Person)		& Daytime Telephone Number)
Enclosed pl ☐ \$25 Filin	ease find a check made payabl ig Fee		Department of State for: Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
Registration	i Section Corporations		Registration Section
Clifton Buil			Division of Corporations P.O. Box 6327
2661 Execu	tive 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 as it appears on the records of the Florida Department
	MIAMI DISTRIBUTORS, LLC
2. The Florida doc L1800007814	ument/registration number assigned to this limited liability company is:
	1 · · · · · · · · · · · · · · · · · · ·
RODRIGO A	ember/manager withdrew/resigned or will withdraw/resign is: 05/28/2019 AZPURUA , hereby withdraw/resign as a lame of Person Resigning)
	tame of Person Resigning)
MANAGER	
	(Print Title)
resignation in wi	<u> </u>
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)