119000126518

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of \$	Status	
Special Instructions to Filing Officer:			

Office Use Only



300316036883

07/26/18--01004--016 **25.00

ZON JUL 26 AM ID: OB TALLAHASSEE FLORIE

1680118

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Manah Lonsolting Services, LLC. (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:		
Contact Person)		
Mariah Lousutting Deinices, IIC. (Finn/Company)		
250 NW 101 Street		
Miani, Morida 33150 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Tindy Lope Z at (186) 210 - 0551 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy		

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Registration Section Division of Corporations

Clifton Building

STREET/COURIER ADDRESS:

2661 Executive Center Circle

Tallahassee, Florida 32301



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 th	e records of the Florida Department
of State is:	lanah Ecosulting Sc	MICE STEC.
2. The Florida docu	ment/registration number assigned to this li	mited liability company is:
	0126518	
3. The date this me	mber/manager withdrew/resigned or will wi	thdraw/resign is: JULY 22, 2018
4. 1. <u>Maj Wia</u>	Brizucla - Pochillo . hereby wame of Person Resigning)	ithdraw/resign as a
	(Prim Title)	
of this limited lia	bility company and affirm the limited liabili	ty company has been notified of my
resignation in wr		FIL 2011 JUL 26 FALLAHASSE
Signature of D	ssociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	ARIO: 0
Certified Copy:	\$30.00 (Optional)	