L19000022593

(Requestor's Name)				
(Address)				
(Address)				
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(Cit	ty/State/Zip/Phone	<u> </u>		
(0	y Ototo Elph Hom	<i>,</i>		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Dc	ocument Number)			
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
				

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IALLAHASSEE, I LORIDA

MAR 1 1 2019

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Synse+ Seni (Name of Limi	or Placement ited Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to:
Magda Collazo (Contact Person))
(Firm/Company)	
7870 SW 55+	
Miami, Fl. 3314 (City/State and Zip Code)	4
For further information concerning this matter	er, please call:
Magda Collazo (Name of Contact Person)	at 305, 263-0858
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$\square\$ \$\\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

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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)

		it appears on the records of the	
of State is: 5	unset Senia	or Placemer	<u>nt</u> .
2. The Florida docu	ument/registration number as:	signed to this limited liability	company is:
L1901	00022593		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign	is: 2-26-19
4.1. Magda	$(1 \land 1) \land (1)$, hereby withdraw/resign	
(Print N	ame of Person Resigning)		
Mana	79er		
	(Print Title)		
of this limited lia resignation in wr		e limited liability company ha	as been notified of my
Ale			
Signature of Di	ssociating Member or Resign	ing Manager	F FEB
_	\$25.00 (Required)		28 28
Certified Copy:	\$30.00 (Optional)		PH 5