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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DStilled Ventures HANAgement (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:
Wone Sanandres (Contact Person)
(Firm/Company)
330 Sw 2 Street, #203 (Address)
Fat Leureros a F 33312 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 4505399 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)







## 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
of State is: N'Stilled Ventures MANAgement
2. The Florida document/registration number assigned to this limited liability company is:
L190000 50433
3. The date this member/manager withdrew/resigned or will withdraw/resign is: C9/01/3-03
4. I. Constant Same of Person Resigning). hereby withdraw/resign as a
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)