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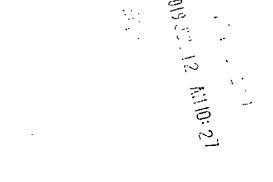
(Requestor's Name)				
,				
(Address)				
V 1-2				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
	·			
Special Instructions to	Filing Officer:			

Office Use Only



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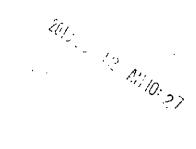
I ALBRITTON

COVER LETTER

_	ration Section on of Corporations		
SUBJECT:	Miami Youth Soccer Devel	lopment, LLC	
_	(Name of Li	mited Liability Cor	mpany)
The enclosed r	member, resignation or disso	ciation and fee(s	s) are submitted for filing.
Please return a	Il correspondence concerning	g this matter to:	
Omar Persac	t		
	(Contact Person)		-
	(Firm/Company)		_
2640 NW 841	th Avenue, #210		
	(Address)	· · · · ·	_
Doral, FL 33	122		
	(City/State and Zip Code)		_
For further info	ormation concerning this ma	tter, please call:	
Omar Persac	i	252 at (624-2718
(Nan	ne of Contact Person)	· ·	& Daytime Telephone Number)
Enclosed pleas \$25 Filing F	se find a check made payable fee		Department of State for: g Fee & Certified Copy
	URIER ADDRESS:		MAILING ADDRESS:
Registration Se Division of Co			Registration Section Division of Corporations
Clifton Buildir			P.O. Box 6327
	e Center Circle		Tallahassee, Florida 32314

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)

	limited liability company as	s it appears on the records of the Florida Department ment, LLC
	ument/registration number a	ssigned to this limited liability company is:
John Daniele		signed or will withdraw/resign is:, hereby withdraw/resign as a
Manager	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
	Davile	
Signature of Di	ssociating Member or Resig	ining Manager
	\$25.00 (Required) \$30.00 (Optional)	