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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Let's Promote You WC (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:		
Havia Clena Gutierrez_ (Contact Person)		
(Firm/Company)		
4005 Pinella Oir Apt 493 (Address)		
Palm Black Gardens FC 38410 (City/State and Zip Code)	19 JUN 26	ADISIA TREIS
For further information concerning this matter, please call:	2%	NRY STRIKE
Name of Contact Person) at (501) 814 4066 (Name of Contact Person) (Area Code & Daytime Telephone Number)	PM 3: 57	ARY UF STATE
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$25 \text{ Filing Fee} \sum_\$55 \text{ Filing Fee & Certified Copy}\$	-)KS

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
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)

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Certified Copy: \$30.00 (Optional)