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COVER LETTER

Division of Corporations	
SUBJECT: RED YOUR S	DUILOTULO
(Name of Limite	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Paryel Gomez (Contact Person)	
(Firm/Company)	
16500 SW 212 OVE	
Miami, FL 33187 (City/State and Zip Code)	
For further information concerning this matter	, please call:
Panyel Gomez (Name of Contact Person)	at (<u>786) 599 – 8336</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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 of State is:	limited liability compa	iny as it ap	pears on the	e records of t	he Florida	Depar		
2. The Florida docu	.ment/registration num	ber assign	ed to this lii	mited liability	y company	is:	zþ15 JUL 15	~
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3. The date this me	mber/manager withdre	w/resigned	d or will wit	hdraw/resign	is: <u>50</u>	<u> </u>	2019	1
4. I. Daisma	iame of Person Resigning)		, hereby wi	thdraw/resig	n as a	1	. Ú9	
_AMBR	(Print Title)	 .						
of this limited lia resignation in wr	bility company and affi iling.	irm the lim	nited liabilit	y company h	as been no	tified c	of my	
	-							
Signature of Di	ssociating Member or	Resigning	Manager					
Filing Fee:	\$25.00 (Required)							