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COVER LETTER

	stration Section		
Divi	sion of Corporations		
SUBJECT:			
	(Name of Li	mited Liability Co	ompany)
The enclose	d member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return	n all correspondence concernin	g this matter to:	:
Kevin B. Ram	nirez,		
	(Contact Person)		_
Sky Realty Inv	vestment Solutions, INC.		
	(Firm√Company)		_
13818 SW 153	2 Street, #380		
·	(Address)		-
Miami, FL 33	177		
	(City/State and Zip Code)		_
For further i	information concerning this ma	itter, please call	:
Kevin B. Ram	nirez.	786 at (531-3363
(1)	Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed plo ☐ \$25 Filin	ease find a check made payable ng Fee		Department of State for: ng Fee & Certified Copy
Maili	ing Address:		Street Address:
Regi	istration Section		Registration Section
	ision of Corporations		Division of Corporations
	. Box 6327 ahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 81
i dili	anassee, 14, 52314		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)

	limited liability company as it appears on the records of the Florida Department S. Management LLC.
of State is:	<u> </u>
2. The Florida doci	iment/registration number assigned to this limited liability company is:
1.19000232164	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. l	z, hereby withdraw/resign as a 'ame of Person Resigning)
(Print N	ame of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)