L21000017132

(Requestor's Name)
(Address)
(Address)
,
(Cin/Chata/Zia/Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROONIN LLC	1 . 1 . 1		_		
(Name of Limited	Liability C	ompany)			
The enclosed member, resignation or dissociation	n and fee	(s) are submitted for filing.			
Please return all correspondence concerning this	matter to):			
GASTON FABRE					
(Contact Person)		_			
ROONIN LLC					
(Firm/Company)					
1150 NW 72ND AVE STE 510					
(Address)		_			
MIAMI, FL, 33126		,	`		
(City/State and Zip Code)			:		
For further information concerning this matter, p	olease cal	l:	- ;		
GASTON FABRE	954 (607-2263	:		
(Name of Contact Person)		de & Daytime Telephone Number			
Enclosed please find a check made payable to th □ \$25 Filing Fee		Department of State for:			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 81		

Tallahassee, FL 32303

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)

of State is: ROO			· · · · · · · · · · · · · · · · · · ·
2. The Florida doc L21000017132	ument/registration number a	ssigned to this limited liability comp	oany is:
— DIEGO HERNA 4. I. <u>—</u>	AN HERMOSO	signed or will withdraw/resign is: 2	
(Print N	Same of Person Resigning)		
Manager Membe	r		- 14 - 1 4 - 1
	(Print Title)		့် ထ
		ne limited liability company has been	n notified of my
resignation in wr	ning.		
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		