## 121000086377

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	 ∋ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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## COVER LETTER

_	of Corporations	
SUBJECT:	VIVE MIAM( (Name of Limit	NETWORK LLC ited Liability Company)
The enclosed me	mber, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all	correspondence concerning t	this matter to:
PA	OLA CHUNOWIT (Contact Person)	-2
_ VIVE	(Firm/Company)	JORK LLC
1300	S MINU NJE (Address)	· UNIT.3ERG
MIAMI	FL. 33/30 (City/State and Zip Code)	
For further inform	mation concerning this matte	er, please call:
FELIC (Name	of Contact Person)	at ( 119) 520" 3417 (Area Code & Daytime Telephone Number)
Enclosed please: ☐ \$25 Filing Fed		the Florida Department of State for: \$55 Filing Fee & Certified Copy
•	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



## 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)

i. The name of the	limited lia	bility compan	y as it ap	pears on the	rec	cords of t	he Florid	a Dep	artment
of State is:	VIVE	MINMI	NET	WORK	<u> </u>	LLC			·
2. The Florida docu	ument/regi	stration numb	er assign	ed to this lim	nite	ed liability	y compan	y is:	
L3100	DÙO 86	377		.•					
3. The date this me	mber/man	ager withdrew	/resigned	l or will with	hdra	aw/resign	ris: <u>///</u>	1RCF	18,202,
4.1, DANIE	IL F.								
<u> </u>	BR (Print Title)	<del> </del>							
of this limited lia resignation in wr		oany and affin	n the lim	ited liability	, co	ompany h	as been n	otified	of my
Q-	DAI	NIEL F.	PEJE	02A		_		25	
Signature of Di	issociating	Member or R	esigning	Manager			CARRES FL	PH 4:	) i (
Filing Fee: Certified Copy:		(Required) (Optional)					FZ:	S	