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| (Requestor's Name) | | | | | | | |
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| (Address) | | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
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| (Business Entity Name) | | | | | | | |
| | | | | | | | |
| (Document Number) | | | | | | | |
| | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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| Q. SILAS | | | | | | | |
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Office Use Only



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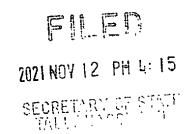
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Promax Palm Beach, L (Name of Limited Liability Compa | 1.1.C ny) |
| The enclosed member, resignation or dissociation and fee(s) a | re submitted for filing. |
| Please return all correspondence concerning this matter to: | |
| Ahmed 15 rahim (Contact Person) | |
| Promax Palm Beach LLC (Firm/Company) | |
| 3371 Florida Blvd. | |
| Palm Beach Ourdens FL 33410 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Ahmed Ibrahim at (954) (Name of Contact Person) (Area Code & | 822 9619 Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Dep \$25 Filing Fee \$55 Filing F | partment of State for: ee & Certified Copy |
| Registration Section R Division of Corporations D | reet Address: egistration Section ivision of Corporations |
| | he Centre of Tallahassee 415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303





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 | limited liability c | ompany a | s it appear | s on the | records of t | he Florida De | epartment |
|---|--------------------------------|-------------|-----------------|-----------|---------------|--------------------|-----------|
| of State is: | Promax | Palm | B O a C. | 4 11 | C | | · |
| 2. The Florida docu | ument/registration | | _ | this lim | ited liabilit | y company is | : |
| 3. The date this me | mber/manager wi | thdrew/re: | signed or v | will with | draw/resigr | n is: <u>///01</u> | 12021 |
| 4.1. <u>Daniel</u> Print N | Rivera ame of Person Resign | ning) | , her | eby with | ndraw/resig | n as a | |
| AMB | _ | | | | | | |
| of this limited lial resignation in wr | oility company an | d affirm t | he limited | liability | company h | as been notifi | ied of my |
| Signature of Di | ssociating Membe | er or Resig | gning Mar | nager | | | |
| Filing Fee: Certified Copy: | | | | | | | |