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COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	Canasea, LLC			
.,013.12.011	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please return	n all correspondence concern	ning this matter to	:	
Daniel Marinb	perg			
	(Contact Person)		_	
	(Firm/Company)		_	
1550 NE 103 :	Sı			
	(Address)		- -	
Miami Shores.	. FL 33138			
	(City/State and Zip Code)			
For further i	nformation concerning this r	natter, please call	:	
Daniel Marinb	nerg	305	528-6237	
(N	lame of Contact Person)		e & Daytime Telephone Number)	
Enclosed ple ☐ \$25 Filing	rase find a check made payal g Fee		Department of State for: ag Fee & Certified Copy	
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



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SEURLIARY OF STATE TALLAHASSEE, FL

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)

	limited liability company as it appears on the records of the Florida Department sea, LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I,Carlos Canasi	. hereby withdraw/resign as a fame of Person Resigning)
Member	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting. A. Canaca ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)