## 24000093032

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Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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Office Use Only



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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

RYNU PROPERTIES LEC SUBJECT:		
	ited Liability (	Company)
The enclosed member, resignation or dissoci	iation and fe	e(s) are submitted for filing.
Please return all correspondence concerning	this matter	to:
REMBERTO BELLO		
(Contact Person)		<del></del>
m/l		
(Firm/Company)		
1331 SW 84TH CT		
(Address)		
MIAMI, FL 33144		
(City/State and Zip Code)		
For further information concerning this matt	er, please ca	all:
REMBERTO BELLO	305 at (	218-1004
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable t  \$\Bigsize \\$25 \text{Filing Fee}\$		a Department of State for: ling Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
Division of Corporations		Division of Corporations

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

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)

	MAR PROPERTIES LLC		·
2. The Florida doc L24000093032	ument/registration number a	assigned to this limited liability company is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	
4. I, NURY BELLO		hereby withdraw/region as a	3 3
(Print )	Name of Person Resigning)	, hereby withdraw/resign as a	_ உ ுரு
MANAGER			
<del></del>	(Print Title)	,	)
of this limited lia resignation in wr	bility company and affirm th	ne limited liability company has been notified	of my-
Signature of D	issociating Member or Resig	<u> </u>	ע
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		