

M11000005394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

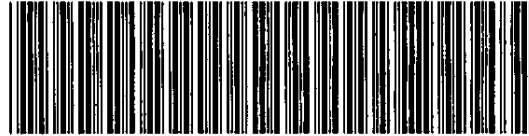
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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MAY 06 2016

J. BRUCE

## COVER LETTER

TO:           Registration Section  
              Division of Corporations

SUBJECT:   **VIMPORT INTERNATIONAL, LLC**

The enclosed member and manager resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PABLO SOCORRO NUÑEZ  
Calle Segunda Casa #16,  
Urbanizacion Arroyo Manzano en Arroyo Hondo  
Santo Domingo, Distrito Nacional  
Republica Dominicana

For further information concerning this matter, please call:

PABLO SOCORRO NUÑEZ  
TEL. (1-809) 481-3572

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURRIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 company as it appears on the records of the Florida Department of State is **VIMPORT INTERNATIONAL, LLC**.
2. The Florida document/registration number assigned to this limited liability company is:  
**M11000005394**.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: **April 15, 2016**.
4. I, **PABLO SOCORRO NUÑEZ**, hereby withdraw/resign as **MEMBER AND MANAGER** of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

PABLO SOCORRO NUÑEZ

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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