13000075855

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

Office Use Only



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2601 SOUTH BAYSHORE DRIVE Suite 725 MIAMI, FLORIDA 33133

TELEPHONE 305.859.6050 FACSIMILE 305.859.6051

July 18, 2014

Via Federal Express

Florida Department of State Registration Section, Division of Corporation 2661 Executive Center Circle Tallahassee, FL 32301

RE: Due Gi, LLC

Dear Sir or Madame

Enclosed please find the following filings and check for Due Gi, LLC:

- 1. Dissociation or resignation of Member, Manager;
- 2. Dissociation or resignation of Manager;
- 3. Articles of Amendment of the company (amending the Principal and Mailing address, the Registered Agent, removing and adding Managers);
- 4. \$75.00 Filing fee (Check No. 9419).

(ce taata

Please contact the office if you require any further assistance on this matter.

Respectfully,

Beatrice Pacifici For the Firm

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DUE GI, LLC				
	ne of Limited Liability Com	npany)		
The enclosed member, resignation or	dissociation and fee(s) are submitted for filing.		
Please return all correspondence cond	cerning this matter to:			
CAROLYN KAHL		_		
(Contact Person)				
ROCA GONZALEZ, PA		_		
(Firm/Company)		_		
2601 S. Bayshore Drive, Suite 72	5			
(Address)		-		
Miami, FL 33133				
(City/State and Zip Coo	de)	-		
For further information concerning this matter, please call:				
Carolyn Kahl	305 at (859-6050		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigs \text{\$\text{25} Filing Fee} \text{\$\}\$}}}}\$}}}}}}}}				
STREET/COURIER 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		

CR2E079 (2/14)



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 of State is:		ears on the records of the Florida Department
2. The Florida docu L1300007585		d to this limited liability company is:
4. I, GIOMAR INT	FRNATIONAL LLC	or will withdraw/resign is: July 15, 2014 hereby withdraw/resign as a
MEMBER	(Print Title)	
resignation in wri	ling.	ted liability company has been notified of my
Signature of Life	ssociating Member or Resigning N	lanager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	