

L13000075855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

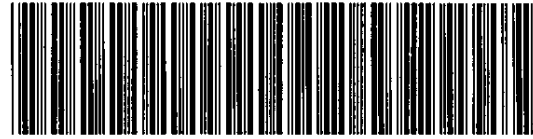
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY
TILLYMANS



ROCA | GONZÁLEZ, P.A.
ATTORNEYS AT LAW

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).

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

Respectfully,

Beatrice Pacifici
For the Firm

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14 JUL 21 PM 1:48
TALLAHASSEE, FL
REGISTRATION SECTION
FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUE GI, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

CAROLYN KAHL

(Contact Person)

ROCA GONZALEZ, PA

(Firm/Company)

2601 S. Bayshore Drive, Suite 725

(Address)

Miami, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn Kahl

at (305) 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:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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



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: DUE GI, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000075855

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 15, 2014

4. I, GIORGIO MARIANI, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

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

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14 JUL 21 PM 1:48
SECRETARY
TALLAHASSEE FLORIDA