

L16 000 1195F9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

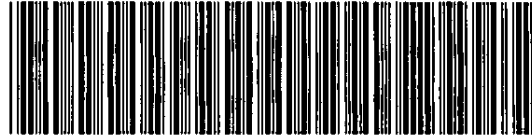
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUL -5 AM 8:01
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TALLAHASSEE FLORIDA

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16 JUL -5 PM 1:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 07 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEJAMELE 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:

ANGEL D. CORDOVA
(Contact Person)

ANGEL D CORDOVA & CO
(Firm/Company)

780 N.W. 42 AVENUE SUITE 325
(Address)

MIAMI, FL 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

ANGEL D CORDOVA at (305) 444-5511
(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: NEJAMELE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000119589

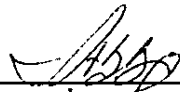
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/27/16

4. I, ANA STELMA SPITERI, 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.

X 

Signature of Dissociating Member or Resigning Manager

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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