L21000299683

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

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TO:	O: Registration Section				
Division of Corporations					
SUBJ	ECT:	AINA GRAHAM-ROSS LLC			
		(Name of	Limited Liability Co	ompany)	
The e	nclosed	I member, resignation or diss	sociation and feet	(s) are submitted for filing.	
Please	return	all correspondence concern	ing this matter to	:	
1.aura	Weinste	in-Berman			
		(Contact Person)			
	•	(Firm/Company)	·	_	
6103 A	Aqua Av	enue, Suite 602			
		(Address)		_	
Miami	Beach,	Florida 33141			
		(City/State and Zip Code)			
For fu	irther is	nformation concerning this n	natter, please call	:	
Laura	Weinste	in-Berman	305 at (606-8949	
	(N	ame of Contact Person)		le & Daytime Telephone Number)	
Enclo	sed ple	ase find a check made payab	le to the Florida	Department of State for:	
S 2.	5 Filing	g Fee	□ \$55 Filir	ng Fee & Certified Copy	
	Mailir	ig Address:		Street Address:	
		stration Section		Registration Section	
	Divis	ion of Corporations		Division of Corporations	
		Box 6327		The Centre of Tallahassee	
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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)

	limited liability company as	• •	of the Florida Department
2. The Florida docu L21000299683	iment/registration number a	ssigned to this limited liabi	lity company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/res	ign is:
4. I, JESSICA SANC	HEZ	hamahar asidh dhaar /maa	ion as a
4. 1,(Print N	ame of Person Resigning)	, nereby withdraw/res	ngn as a
Member & Manag			
	Print Title)		
of this limited liab resignation in wri	pility company and affirm the	he limited liability company	
Signature of Di	siociating Member or Resig	gning Manager	PIL 2023 MAY I I ACLAHASSI
Filing Fee:	\$25.00 (Required)		TAR ASS
Certified Copy:	\$30.00 (Optional)		PH 4: 0: Y OF STATE SEE, FLORID