L 2 3000118972

(Requestor's Name)
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(riddress)
(City/State/Zip/Phone #)
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COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	SHAMAHUASCA LLC			
	(Name of Limited Liability Company)			
The enclosed	d member, resignation or diss	ociation and fee(s	s) are submitted for filing.	
Please return	all correspondence concerni	ng this matter to:		
JAN SCHWA	RZENBERGER			
	(Contact Person)		_	
SHAMAHUA	SCA LLC			
	(Firm/Company)		_	
400 NW 1ST /	AVE, #3707			
	(Address)		_	
MIAMI, FL 33	3128			
	(City/State and Zip Code)		_	
For further i	nformation concerning this m	atter, please call:		
JAN SCHWA	RZENBERGER	925 at (922-7394	
()	Name of Contact Person)		& Daytime Telephone Number)	
Enclosed ple ■ \$25 Filin	ease find a check made payab g Fee		Department of State for: 3 Fee & Certified Copy	
	ng Address:		Street Address:	
	stration Section sion of Corporations		Registration Section Division of Corporations	
	Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314





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 of State is:	liability company as it appears on the records of the Florida Department CA LLC
2. The Florida document/re L23000118972	gistration number assigned to this limited liability company is:
3. The date this member/m	anager withdrew/resigned or will withdraw/resign is:
4. 1, JAN SCHWARZENBERG	hereby withdraw/resign as a reson Resigning)
MEMBER Jan Sch	
of this limited liability co resignation in writing.	mpany and affirm the limited liability company has been notified of my
1	
Signature of Dissociation	ng Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: