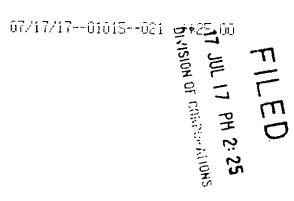
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(Re	questor's Name)				
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INF I 8 SOLL SNOMMIS O

COVER LETTER

TO:	_	stration Section sion of Corporations					
SUBJ	ECT:	CNB2, LLC					
		(Name of Limited Liability Company)					
The e	nclosed	d member, resignation or dissoc	iation and fee(s)) are submitted for filing.			
Please	e return	all correspondence concerning	this matter to:				
Artur	o Giar	mmugnani					
		(Contact Person)		-			
CNB	2, LLC						
	_	(Firm/Company)		-			
9724	North	Armenia Ave., Suite 300					
	_	(Address)					
Tamı	pa, FL	. 33612					
		(City/State and Zip Code)		=			
For fu	ırther i	nformation concerning this mat	ter, please call:				
Artur	ro Giar	mmugnani 	813 at (767-1814			
	4)	lame of Contact Person)	(Area Code	& Daytime Telephone Number)			
	sed ple 5 Filin	ease find a check made payable g Fee		Department of State for: Fee & Certified Copy			
Regis Divis	stration	COURIER ADDRESS: Section Corporations ding		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
		tive Center Circle Florida 32301		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:	· ·	it appears on the records of the Florida I	Department
2. The Florida docu L1500010566	ument/registration number as 2	ssigned to this limited liability company i	17 JUL
3. The date this me 4. I. Eyal Carmeli (Print A	mber/manager withdrew/resignee of Person Resigning)	igned or will withdraw/resign is: , hereby withdraw/resign as a le limited liability company has been noti	17 PH 2: 25
resignation in wr	* * *		ified of my
- (\$25.00 (Required) \$30.00 (Optional)		