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ALLAHASSEE, FLOSIE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: IRSAM, L.L.C.				
	ted Liability Company)			
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.			
Please return all correspondence concerning to	his matter to:			
Andres Groszman				
(Contact Person)				
IRSAM, L.L.C.				
(Firm/Company)				
3212 Saint Annes Drive				
(Address)				
Boca Raton, FL 33496				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Andres Groszman	561 445-5438			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$\\$55 \text{ Filing Fee & Certified Copy}\$			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				

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)

	e limited liability company as it AM, L.L.C.	appears on the records of the F	Florida Department
	ument/registration number assi	gned to this limited liability co	ompany College ANAY
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign is:	04/36/2018
4. I, Alejandra K.	S.de Groszman Rev.Trust	, hereby withdraw/resign as	The Republic
	Name of Person Resigning)	, hereby withdraw/resign as	H I: O.
Managing Me	ember		5. 0
	(Print Title)		
of this limited lia resignation in w	ability company and affirm the lating.	imited liability company has be	een notified of my
Signature of D	issociating Member or Resignir	ng Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		