Division of Corporations

Fax: (850) 617-6383

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Division of Corporations

To:

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From:

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Account Number : 120080000090

: (305)670-1991

Fax Number

.: (305)670-1993

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## 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)

The name of the limited liability company as of State is:    JAZMIN LLC	it appears on the records of the Florida Department
2. The Plorida document/registration number as L05000085925	signed to this limited liability company is:
3. The date this member/manager withdrew/resi	gned or will withdraw/resign is:
4. (, CASELLI, ESTEBAN  (Print Name of Person Resigning)	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
MGR	<b>= =</b>
(Print Title)	FE T
of this limited liability company and affirm the resignation in writing.	limited liability company has been not ad of my
Signature of Dissociating Member or Resign	Ing Manager EDRIF