L0600009128

| (Requestor's Name) | | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | · #) | | |
| PICK-UP | MAIT | MAIL MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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T. HAMPTON

NOV 2 3-2011

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: CLAM LLC (Name of Limited Liability | Company) |
| The enclosed member, managing member or manager refiling. | esignation and fee(s) are submitted for |
| Please return all correspondence concerning this matter | to: |
| OLIVIER SUREAU | |
| . (Contact Person) | . |
| JADE ASSOCIATES LLC | |
| (Firm/Company) | |
| 100 N BISCAYNE BLVD #500 | |
| (Address) | |
| MIAMI, FL 33132 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please ca | all: |
| OLIVIER SUREAU at (_305 | 579-0220 |
| (Name of Contact Person) (Area Co | ode & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florid | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy |
| | ., |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building 2661 Executive Center Circle 7.4 | P.O. Box 6327 |
| Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| 1. The name of the of State is: CL | limited liability company as i | t appears on the record | ls of the Florida Department |
|--|--|---------------------------|---|
| 2. This limited liab | ility company was organized | under the laws of: | |
| 3. The Florida doct L06000099 | ment/registration number of | this limited liability co | mpany is: |
| 4. IMAROLD AI | LOUCHE ame of Person Resigning) | , hereby resign as a | MANAGER (Print Title) |
| of this limited lial resignation in wr | pility company and affirm the | gull. | , |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | PILEI 2011 NOV 21 A SEUNETARY O TALLAHASSEE. |