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TO: Registration Section

CR2E079 (12/13)

Division of Corporations	
SUBJECT: ASIVIAGO MANAGENENT LL (Name of Limited Liability Co.	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
ANDRES E. BAZO (Contact Person)	_
Kopalowitz Ostrow (Firm/Company)	_
2525 PONCE DE LEON BlvD, Suite 625 (Address)	2014 FEB 14 FM 12: 44
Conal Gables PL 33134 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	12:4
ANOUES E. BAZO 21/305	4058078
An outs E. Bazo at (305 (Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	-
△ \$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	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	



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 lin of State is: ASI	mited liability company as it ap VIAAO HANACEHE	opears on the records of ST ALC	of the Florid	la Departir	nent
	ty company was organized und			AV 3 4 4 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2816.558
L 09 000011 4.1. <u>CICHAIZI)</u> (Print Nan	THE OF Person Resignings ity company and affirm the lim	hereby resign as a _	HANA Print		
Signature of Resignature of Resignat	\$25.00 (Required) \$30.00 (Optional)	per or Manager			