Division of Corpo ations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

Phone : (305)416-6800

Fax Number : (305)416-6811

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FRANCHISE FRIENDS, LLC

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as it appears on the records of the Florida Department of State is: FRANCHISE FRIENDS, LLC
2. This limited liability company was organized under the laws of: FLORIDA
3. The Florida document/registration number of this limited liability company is: L09000034567
4.1, JUAN GUILLERMO JARAMILLO hereby resign as a MANAGER
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)
CR2E079 (5/06)
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