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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PADRO AND COMPANY, P.A.

Account Number : 120050000094

Phone : (305)500-9361

Fax Number

: (305)500-9492

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address: Yaquel &



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COVER LETTER

TQ: Registration Section

Division of Corporations

PADRO & Company, P.A.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jose F. Padro

PADRO & Company, P.A.

2520 NW 97 ave, Suite 120,

Miami, FL 33172

For further information concerning this matter, please call:

Jose F. Padro

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

L10000061535	of this limited liability company is:
. The date this member withdrew or will wit	thdraw is: 12/31/2013
, _{I.} Jose E. Lopez	, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm resignation in writing.	the limited liability company has been notified of my
Signature of Resigning or Dissociating M	Manager, Member