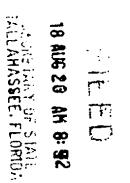
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COVER LETTER3

_	istration Section ision of Corporations			
SUBJECT:	FEIGALE, LLC			
		of Limited Liability Com	pany)	-
The enclose	ed member, resignation or di	ssociation and fee(s)	are submitted for filing.	
Please retur	n all correspondence concer	ning this matter to:		
Jerome J.	Kavulich, Esq.			
	(Contact Person)			ĭ6
	(Firm/Company)		HASS.	AUS 20
2655 S. Le	e Jeune Road, Suite 804		E. F.	AH 8: 92
	(Address)		ORIGINAL	4
Coral Gab	les, Florida 33134			••
	(City/State and Zip Code)			
For further	information concerning this	matter, please call:		
Jerome J.	Kavulich, Esq.	305 at (442-7978	
(1)	Name of Contact Person)		& Daytime Telephone Number)	-
Enclosed pl ■ \$25 Filin	ease find a check made paya ng Fee		epartment of State for: Fee & Certified Copy	
	COURIER ADDRESS:		MAILING ADDRESS:	
Registration			Registration Section	
Clifton Buil	Corporations Iding		Division of Corporations P.O. Box 6327	
	itive Center Circle		Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

	ine limited liability company as it appears on the records of the Florida Desirime
	cument/registration number assigned to this limited liability company is:
3. The date this m	nember/manager withdrew/resigned or will withdraw/resign is:
	, hereby withdraw/resign as a Name of Person Resigning)
MGRM	
	(Prim Title)
of this limited li resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of E	Dissociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)