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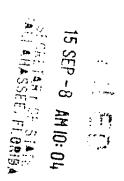
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LAT AUNI LLC
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
MOHAMMAD ISLAM
(Contact Person)
(Firm/Company)
6533 51 ST AVE N # 138 (Address)
(Address)
ST. PETERS BURG FL-33709
(City/State and Zip Code)
For further information concerning this matter, please call:
MOHAMMAD ISLAM a1 727 280 7646
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\\$25\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



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)

1. The name of the of State is:		lity company as it	= =	e records of the Flo	orida Depa	artmen	nt
2. The Florida docu <u>L 11</u> 000			igned to this lir		P 2	15 SEP -	" grity - '
3. The date this me	mber/manag	er withdrew/resig	ned or will wit	hdraw/resign is: _	093	100-	2015
4. I, <u>MOHAW</u> (Print N M G1 R I	ame of Person	ISLAM Resigning)	, hereby wi	thdraw/resign as a		10:0H	y are trag
	(Print Title)	·					
	bility compar	ny and affirm the	limited liability	y company has bee	en notified	l of my	у
Signature of Di	ssociating M	lember or Resigni	ng Manager				
Filing Fee: Certified Copy:	\$25.00 (F \$30.00 (C	- ′		·			