111000138887

(Re	equestor's Name)		
(Ac	idress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	` WAIT	MAIL	
- (R)	usiness Entity Nar	ne)	
(Di	Joiness Littly Nai	ne,	
	()		
(UX	ocument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		



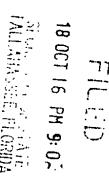


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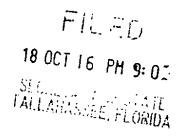


COVER LETTER

Division of Corporations		
SUBJECT: MACC, LLC		
	f Limited Liability Co	ompany)
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to	:
Dora Somma		
(Contact Person)		
c/o AFO, LLC		
(Firm/Company)		_
Two Alhambra Plaza, Suite 1040		
(Address)	<u></u>	_
Coral Gables, FL 33134		
(City/State and Zip Code)	-	
For further information concerning this n	natter, please call:	
Dora Somma	786	270-3702
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

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)

	limited liability company as i	t appears on the records of the F	Florida Department
2. The Florida docu L1100013888		igned to this limited liability co	mpany is:
4. I,Eugenio Sar	nchez	gned or will withdraw/resign is:, hereby withdraw/resign as	
Manager	<u> </u>		
		limited liability company has be	een notified of my
Signature of Di	ssociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		