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| Special Instructions to | Filing Officer: | | | |
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Office Use Only

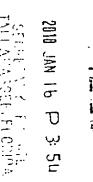


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COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

| Division of Corporations | | | |
|--|--|-------------------------------------|-----------------|
| JA87, LLC SUBJECT: | | | |
| | Limited Liability C | ompany) | |
| The enclosed member, resignation or diss | ociation and fee | e(s) are submitted t | for filing. |
| Please return all correspondence concerni | ng this matter to |) : | |
| Justus Arison | | | 3 |
| (Contact Person) | | _ | • |
| (Firm/Company) | | | |
| Two Alhambra Plaza, Suite 1040 | | | 70.00 |
| (Address) | <u>, </u> | | |
| Coral Gables, FL 33134 | | | 2010 JAN 16 P 3 |
| (City/State and Zip Code) | | | F. 17 |
| For further information concerning this m | atter, please cal | 1: | |
| Justus Arison | 786 | 856-2611 | gr E |
| (Name of Contact Person) | (Area Co | de & Daytime Telep | phone Number) |
| Enclosed please find a check made payab ■ \$25 Filing Fee | | Department of Stang Fee & Certified | |
| STREET/COURIER ADDRESS: | | MAILING AD | DRESS: |
| Registration Section | | Registration Se | |
| Division of Corporations Clifton Building | • | | porations |
| 2661 Executive Center Circle | | P.O. Box 6327 | orida 32314 |



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 7, LLC | s it appears on the record | ds of the Florida Departmen |
|--|---|----------------------------|-----------------------------|
| 2. The Florida doc L1100014534 | ument/registration number as 6 | ssigned to this limited li | ability company is: |
| 4. I, Michard Koh | ember/manager withdrew/res an Came of Person Resigning) | signed or will withdraw/ | |
| of this limited lia resignation in wr | bility company and affirm the iting. ssociating Member or Resignation | | 9-1 W |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |