L120000002691

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



700262229467

07/16/14--01019--004 **25.00

TO JUL 16 PH 4: 18

ROMBA (10 n.3D,14

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: TAJHA, LLC	
(Name of Lim	ited Lizbility Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Jorge A. Di Cataldo	
(Contact Person)	
TAJHA, LLC	
(Firm/Company)	
2069 NE 123 Street	
(Address)	
MIAMI, FL 33181	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Jorge A. Di Cataldo	305 331-9348
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	to the Florida Department of State for: \$\sim\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	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)

	• • •	s it appears on the records of the Florida Department
of State is:		·
2. The Florida docu	ıment/registration number a	ssigned to this limited liability company is:
L1200000269	1	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: 4/25/2013
4. I, (Print Name of Person Resigning)		
(Print N	lame of Person Resigning)	,
Managing Me	mber	
	(Print Title)	
of this limited lia resignation in wr	* *	ne limited liability company has been notified of my
Signature of D	ssociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	