(Re	questor's Name)		
(Ad	dress)	.==	
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

Office Use Only



300272963493

06/19/15--01013--022 본없

**55.00 PH 1: 30

JUN 19 2015 Y SULKER

COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations

Division of Corporations	
SUBJECT: Ayelin Camache (Name of Limited Liabil	o Technologies, LLC ity Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to:
Franklin Ayelin (Contact Person)	
(Firm/Company)	
(Firm/Company)	
10961 Burnt Mill Rd Unit	. 1435
Jacksonville, FC 32256 (City/State and Zip Code)	
For further information concerning this matter, please	e call:
(Name of Contact Person) at (81)	3) 117-0273 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo □ \$25 Filing Fee □ \$55	rida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 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)

1. The name of th	the limited liability company as it appears on the recor	ds of the Florida Department
of State is:	Ayelin Camacho Technologi	es, LLC
2. The Florida do	ocument/registration number assigned to this limited I	iability company is:
	00005516	
3. The date this n	member/manager withdrew/resigned or will withdraw	/resign is: 6/19/15
4.1, Frank	, hereby withdraw	//resign as a
(Print	nt Name of Person Resigning)	<u> 2</u> 2
Mana	iger	
	(Print Title)	1
of this limited l resignation in v	liability company and affirm the limited liability comp writing.	pany has been notified of my
Je	It Name of Person Resigning) (Print Title) liability company and affirm the limited liability company. Writing.	1: 30
	Dissociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)