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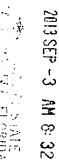
(Re	equestor's Name)				
(Ac	idress)				
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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

Division of Corporations	
SUBJECT: J. A. C. Broth (Name of Limited L.)	ner's Enterprises, LLC liability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
Ramon Reyes	
(Contact Person) Ramon Reyes RA (Firm/Company)	2813 SI
5035 Palm Ave.	NIB SEP -3 AM
Hialeah, 7L 33013 (City/State and Zip Code)	
For further information concerning this matter, pl	305, 822.0669
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$\square\$ \$55 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

			appears on the records o		rtment
2. This limited liab	orida				2013 SEP -3
	iment/regist		nis limited liability comp 	pany is:	AM Ge
4. I, <u>(Print N</u>	ame of Person	Casaro Resigning)	, hereby resign as a _	MGRATION (Print Title)	32
	oility compa	_	imited liability company	has been notified	of my
Signature of Resi	gning Mem	ber, Managing Me	mber or Manager		
Filing Fee:		Required)			
Certified Copy:	\$30.00 (Optional)			

CR2E079 (5/06)

Amand Costes