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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WESTAMAR LLC

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONSDISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WESTAMAR LLC

2. The Florida document/registration number assigned to this limited liability company is: L12000040894

3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 18, 2015

4. I, Ruben D. Luna, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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