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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
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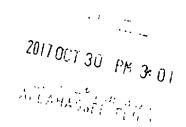
K. SALY OCT 3 1 2017

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	IECT: LEDOC, LLC		
	(Name of L	imited Liability Co	mpany)
The e	nclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	e return all correspondence concernin	ng this matter to	
Alvar	ro Castillo		
	(Contact Person)		_
Casti	illo & Associates		
	(Firm/Company)		<u> </u>
1390	Brickell Avenue Suite 200		
	(Address)		_
Mian	ni, FL 33131		
	(City/State and Zip Code)		_
For fu	orther information concerning this ma	atter, please call	
Alvar	ro Castillo	305	371-5540
	(Name of Contact Person)		e & Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
-	tration Section ion of Corporations		Registration Section Division of Corporations
	on Building		P.O. Box 6327
2661	Executive Center Circle		Tallahassee, Florida 32314
Tallah	nassee, Florida 32301		

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)

1. The name of the of State is:	e limited liability company as it appears on the records of the Florida Department DOC, LLC
2. The Florida doc L1200005148	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Fabio F. Fae	erman, hereby withdraw/resign as a
	Name of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)