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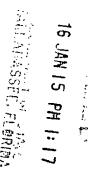
(R	equestor's Name)			
(Address)				
(A	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

•	stration Section sion of Corporations			
SUBJECT:	MACCLAUD, LLC			
00202011	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dissoc	iation and fee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
Horacio So	sa			
*****	(Contact Person)	***************************************	-	
Horacio So	sa, P.A.			
	(Firm/Company)		<u>.</u>	
2924 Davie	Road, Suite 201			
	(Address)		-	
Davie, FL 3	33314			
	(City/State and Zip Code)		-	
For further information concerning this matter, please call:				
Horacio So	sa	954	532-9447	
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple \$25 Filing	ease find a check made payable t g Fee		epartment of State for: Fee & Certified Copy	
Registration Division of C Clifton Build	Corporations ling		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
	ive Center Circle 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)

	limited liability company as it appears of CCLAUD, LLC	n the records of the Florida Department
	ument/registration number assigned to th	is limited liability company is:
4. I, Jose Luis La. (Print N	(Print Title) bility company and affirm the limited lia	y withdraw/resign as a SS 5 7
Signature of Di	issociating Member or Resigning Manag	er
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	