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(Address)			
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SCHROEDER

COVER LETTER

TO:	÷	stration Section sion of Corporations		
SUBJ	ECT:	CUCASA, LLC		
		(Name of Li	mited Liability Con	npany)
The e	nclosed	d member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	e returr	all correspondence concerning	g this matter to:	
JORG	GE SC	CHNEIDER		
		(Contact Person)		-
JFS	CONS	SULTING SERVICES, LLC.		
		(Firm/Company)		-
2034	1 NE	30 TH AVE - APT 105		
		(Address)		-
AVE	NTUR	A, FL. 33180		
		(City/State and Zip Code)	- 	-
For fi	urther i	nformation concerning this ma	tter, please call:	
JOR	GE SC	CHNEIDER	786	553-6061
	4)	Name of Contact Person)	``` \	& Daytime Telephone Number)
	osed ple 5 Filin	ease find a check made payable g Fee	to the Florida D S55 Filing	Department of State for: Fee & Certified Copy
=	•	COURIER ADDRESS:		MAILING ADDRESS:
_		Section Corporations		Registration Section Division of Corporations
	non or on Buil	•		P.O. Box 6327
2661	Execu	tive Center Circle		Tallahassee, Florida 32314
Tallal	hassee,	, 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 limited liability company as it ap	ppears on the records of the Florida Department
of State is:	
2. The Florida document/registration number assignd	ed to this limited liability company is:
3. The date this member/manager withdrew/resigned	d or will withdraw/resign is:
4. I,	, hereby withdraw/resign as a
MANANGER / MEMBER (Print Title)	
of this limited liability company and affirm the lim resignation in writing. Signature of Dissociating Member or Resigning	TAS T