112000145699

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(-13/2-13/2-1/2-1/2-1/2-1/2-1/2-1/2-1/2-1/2-1/2-1			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900259800399

resignation of mark

05/28/14--01016--001 **\$50.00



6/12/14

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Osman Family Holdings, LI		
(Name of Lit	mited Liability Con	npany)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:	
Jason Liebling		
(Contact Person)		-
Medallion		
(Firm/Company)		.
27805 SW 197 Avenue		
(Address)		-
Homestead, FL 33031		
(City/State and Zip Code)		-
For further information concerning this mat	ter, please call:	
Jason Liebling	305	278 9192
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Pepartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



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	s it appears on the records of the Florida Department
of State is: Osn	nan Family Holdings, LLC	
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:
L1200014569	9	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I,	lman	, hereby withdraw/resign as a
(Print N	Name of Person Resigning)	
Manager		
	(Print Title)	
of this limited lia resignation in Wi		ne limited liability company has been notified of my
\mathcal{I}	luai	
Signature of D	issociating Member or Resig	uning Manager
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	