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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Jusdex, LLC	
(Name of Lim	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Justus Arison	
(Contact Person)	
Jusdex, LLC	
(Firm/Company)	
Two Alhambra Plaza, Suite 1040	
(Address)	
Coral Gables, FL 33134	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Justus Arison	786 856-2611
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the	limited liability company as	s it appears on the records of the	Florid	la Depa	rtment
of State is:	dex, LLC				·
	-	ssigned to this limited liability o	compar	ny is:	
L1200015816	8 				
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/resign is	11/9 s:	/2017	
A T Richard Koh	an	hereby withdraw/recian	10 a		
(Print N	Same of Person Resigning)	hereby withdraw/resign a	io a		
Manager					
	(Print Title)				
of this limited lia resignation in wr		he limited liability company has	been'n	iotifi ed	of my
				ion LA VOA LA LE	177 2 2 7
Signature of D	issociating Member or Resig	ining Manager	•,	1 PH 2:	÷
Filing Fee:	\$25.00 (Required)			ري دي اد	
Certified Copy:	\$30.00 (Optional)			_	