112000158168

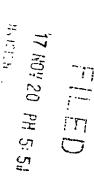
(Rec	questor's Name)		
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(City	//State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
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(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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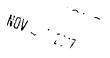
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:		
(Name of L	imited Liability Co	ompany)
The enclosed member, resignation or disso	ciation and fee	(s) are submitted for filing.
Please return all correspondence concernin	g 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 ma	tter, please call	:
Justus Arison	786	856-2611
(Name of Contact Person)	\	e & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: g 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 of State is:		appears on the records of the Florida Department
2. The Florida docu L1200015816	-	gned to this limited liability company is:
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is:11/14/2017
4. I,	illo	. hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of Di	ssociating Member or Resigni	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	