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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

K. SALY APR 2 6 2017

TO:

Registration Section

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations		
SUBJECT: Jasmine Gaedous UC (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to: Cloria Romero Coses (Contact Person)		
Jasnine Gardens, UC (Firm/Company)		
13431 Old Sheridan Street (Address)		
Southwest Ranches, Fr. 33330 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (305) 504-3852 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma\$ \$\\$55\$ Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 2017 APR 24 AM ID: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 appears on the records of the Florida Department		
of State is: Jasmine Gardons UC.		
2. The Florida document/registration number assigned to this limited liability company is:		
L12tt0159971		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{3/28/17}{}$		
4. I, Steward, hereby withdraw/resign as a (Print Name of Person Resigning)		
Manager Member.		
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.		
Signature of Dissociating Member or Resigning Manager		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		