

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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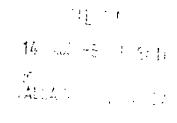
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R. WHITE





## 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 i	it appears on the records of the Florida Department
of State is: ANU	JZ INVESTMENTS LLC	•
2. The Florida doc	_	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:
4. I, SILVANA UZZO  (Print Name of Person Resigning)		hereby withdraw/recion ac a
(Print N	ame of Person Resigning)	, nereby withdraw/resign as a
MANAGING		
<del></del>	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	