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COVER LETTER

TO: Registration Section Division of Corporations							
·							
SUBJECT: M.J.H.I.S. HOLDINGS LLC (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:							
KEREN ADMONI ESQ (Contact Person)							
ICEREN SAPAN P.A. (Tirm/Company)							
8043 TWIN LAKE DRIVE							
BOCA RATON FZ 33496 (City/State and Zip Code)							
For further information concerning this matter, please call:							
KEREN ADMONI at (561) SH2-6725 (Area Code & Daytime Telephone Number)							
Enclosed please find a check made payable to the Florida Department of State for: \$\omega\$ \$\sum \$\su							
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 lin		• • •			epurtm e i	nt
of State is: 1VV .	J. H.1. 2	HOLDINGS	2013,60	<u> </u>		••
2. The Florida docum			i limited liability	company is	:	
1 1300	004904	2				
3. The date this mem	ber/manager withd	rew/resigned or wil <u>l</u>	withdraw/resign i	s: <u>10</u>	.11.2	015
4.1, GAL-RO!		2012 LLC hereby				
men	OCR rint Titles					
		¢				
		Firm the limited liab	ility company has	s been notif	ied of m	У
resignation in writi	U 7636 AIR	y.		· · · · · · · · · · · · · · · · · · ·	33	
	Holding			(73)	E27	1
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Signature of Diss	ociating Member of	or Resigning Manage	r	البران البران	느	1
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Filing Fee:	\$25.00 (Required	47		, TT	\triangleright	
Certified Copy:	\$30.00 (Optional			<u> </u>	Ö	-
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