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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI				
	(Name of Limited	d Liability Cor	mpany)	
The en	closed member, resignation or dissociati	on and fee(s	s) are submitted for filing.	
Please	return all correspondence concerning thi	s matter to:		
JOSE	PH F. CABANAS			
	(Contact Person)		_	
CABA	NAS & ASSOCIATES, P.A.			
	(Firm/Company)			
10520	NW 26TH STREET - STE. C 201		ALL AND	2016 SEP - 7
	(Address)		ASS	1 7
DORA	AL, FL. 33172			ט ד
	(City/State and Zip Code)			ç.
For fur	ther information concerning this matter,	please call:		- Marie Mari
JOSE	PH F. CABANAS	305	513 3639	
	(Name of Contact Person)	\	& Daytime Telephone Numbe	<u>r)</u>
	ed please find a check made payable to t Filing Fee		Department of State for: g Fee & Certified Copy	
Registr Divisio Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations a Building Executive Center Circle assee, 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	it appears on the records of the Florida Department
of State is:	ANA MANGEMENT LLC	
	-	signed to this limited liability company is:
L13000070940	J 	
3. The date this men	mber/manager withdrew/resi	gned or will withdraw/resign is:
4. I, GENARO MA	AZA FERNANDEZ	, hereby withdraw/resign as a
(Print No	ame of Person Resigning)	
MGR		
of this limited liab resignation in wri	ring.	e limited liability company has been notified of my
Signature of Dis	ssociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	