

L13000075855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

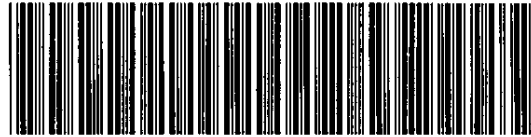
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY  
TALLAHASSEE, FL 32301



ROCA | GONZÁLEZ, P.A.  
ATTORNEYS AT LAW

2601 SOUTH BAYSHORE DRIVE  
Suite 725  
MIAMI, FLORIDA 33133

TELEPHONE 305.859.6050  
FACSIMILE 305.859.6051

July 18, 2014

**Via Federal Express**

Florida Department of State  
Registration Section, Division of Corporation  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Due Gi, LLC

Dear Sir or Madame

Enclosed please find the following filings and check for Due Gi, LLC:

1. Dissociation or resignation of Member, Manager;
2. Dissociation or resignation of Manager;
3. Articles of Amendment of the company (amending the Principal and Mailing address, the Registered Agent, removing and adding Managers);
4. \$75.00 Filing fee (Check No. 9419).

Please contact the office if you require any further assistance on this matter.

Respectfully,

Beatrice Pacifici  
For the Firm

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14 JUL 21 PM 1:48  
TALLAHASSEE, FL  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DUE GI, 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:

CAROLYN KAHL

(Contact Person)

ROCA GONZALEZ, PA

(Firm/Company)

2601 S. Bayshore Drive, Suite 725

(Address)

Miami, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn Kahl

at ( 305 ) 859-6050

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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



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: DUE GI, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000075855

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 15, 2014

4. I, GIORGIO MARIANI, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER

*(Print Title)*

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)

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14 JUL 21 PM 1:48  
TALLAHASSEE, FL  
SECRETARY OF STATE