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	To: Division of Corporations Fax Number : (850)617-6383			
	From: Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L. Account Number : I20040000167 Phone : (305)377-0809 Fax Number : (305)377-0781			
	Fax Number : (305)377-0781 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**			
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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: _______
- 2. The Florida document/registration number assigned to this limited liability company is: L13000116835

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, MIGUEL SALGUEIRO

_____, hereby withdraw/resign as a

MANAGER

(Print Title)

(Print Name of Person Resigning)

of this limited liability company and affirm the limited liability company has been notified of my

resignation in writing. issociating Member or Resigning Manager Signature Filing Fee: \$25.00 (Required) \$30.00 (Optional) Certified Copy:

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