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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ICASA VIZCAYNE LLC				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning t	his matter to:			
JOSEPH F. CABANAS				
(Contact Person)				
CABANAS & ASSOCIATES, P.A.				
(Firm/Company)				
10520 NW 26TH STREET - STE. C 201				
(Address)				
DORAL, FL. 33172				
(City/State and Zip Code)	The state of the s			
For further information concerning this matter	r, please call:			
JOSEPH F. CABANAS	305 513 3639			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$ \$25 \text{ Filing Fee} \sum_\$ \$55 \text{ Filing Fee & Certified Copy}\$\$				

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

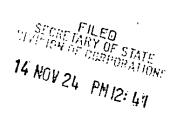
CR2E079 (2/14)

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)

	e limited liability company as it appears on the r	ecords of the Florida Department
2. The Florida doc L1300012931	cument/registration number assigned to this limi	ted liability company is:
3. The date this me	ember/manager withdrew/resigned or will without	draw/resign is: Aug. 29, 2014
4. I, VINCENZO	R. CARUANA , hereby with	draw/resign as a
MGRM	,	
	(Print Title)	•
of this limited lia resignation in w	ability company and affirm the limited liability oriting.	company has been notified of my
Signature of	Issociating Member or Resigning Manager	
_	\$25.00 (Required) \$30.00 (Optional)	
Commed Copy.	450.00 (Optional)	