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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PLAIDS PLUS LLC	
(Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fce(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
JESSICA GONZALEZ	
(Contact Person)	_
(Firm/Company)	-
6800 SW 40 STREET #432	
(Address)	_
MIAMI, FL 33155	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
JESSICA GONZALEZ at (844	, 419-0100
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\square\$	Department of State for: 3 Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	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)

	limited liability company as it	appears on the records of the Florida Department
	_	gned to this limited liability company is:
L1300	00135902	<u></u> .
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is: 12810
4. I. MARTA AZU	II AY	, hereby withdraw/resign as a
	Name of Person Resigning)	, nereby withdraw/resign as a
MANAGER		
	(Print Title)	
resignation in w		limited liability company has been notified or my
Signature of D	issociating Member or Resigni	ng Manager
Filing Fee:	\$25.00 (Required)	•
Certified Copy:	\$30.00 (Optional)	