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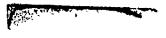
(Re	questor's Name)	1
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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JAN 1 8 2017 S. YOUNG SECRETARY OF SINTE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ORAMPA LLC		
(Name of Limited Liability Co	mpany)	
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 P.A.		
(Firm/Company)		古智
3370 MARY STREET		TO JAN 17 AM 8: 03
(Address)	_	-
MIAMI, FLORIDA 33133		AM 8: 03
(City/State and Zip Code)	_	03
For further information concerning this matter, please call	:	
CAROLYN KAHL 305	859-6050	
	e & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida ☐ \$25 Filing Fee ☐ \$55 Filing	Department of State for: g Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

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)

2. The Florida doc	ument/registration number ass	signed to this limited liability company is:
L1300014230		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is: 12/10/2016
4. I, MARIA D. B.	AYARRI	herehy withdraw/resign as a
(Print)	lame of Person Resigning)	, hereby withdraw/resign as a
MEMBER		
	·	
	(Print Title)	
of this limited lia	bility company and affirm the	e limited liability company has been notified of my
	bility company and affirm the	e limited liability company has been notified of my
resignation in wi	bility company and affirm the	ning Manager
resignation in wi	bility company and affirm the iting. Second	