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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2015 T. CARTER

COVER LETTER

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: Red Fox MANA GEMENT LLL (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: CLAUDIO M. MENDEZ FRANGICO (Contact Person) Red Fo+ MANAGEMENT CLC (Firm/Company) ALDEN, MA DZI 48 (City/State and Zip Code) For further information concerning this matter, please call: CLAUDIO MENDEZ (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee Cartified Copy	TO: Registration Section Division of Corporations					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: CLAUDIO M. MENDEZ FRANGS (Contact Person) Red Fo + MANAGEMENT CCC (Firm/Company) LI Corey Rd (Address) MALDEN MA D 21 4 8 (City/State and Zip Code) For further information concerning this matter, please call: CLAUDIO MENDEZ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	SUBJECT: REDFOX MANAGEMENT LLC					
Please return all correspondence concerning this matter to: CLAUDIO M. MENDEZ FRANGICO (Contact Person) Red Fo + MANAGEMENT CCC (Firm/Company) AA Corey Rd (Address) MALBEN / MA D2/48 (City/State and Zip Code) For further information concerning this matter, please call: CLAUDIO MENDEZ (Name of Contact Person) at (305) 707 4022 (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	(Name of Limited Liability Company)					
CLAUDIO M. MENDEZ FRANGS CO (Contact Person) Red Fo + MANAGENETH CCC (Firm/Company) 11 Corey Rd (Address) MALDEN MAD DZI 48 (City/State and Zip Code) For further information concerning this matter, please call: CLAUDIO MENDEZ at 305 707 4022 (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for:	The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Red Fot MANAGEMENT CCC (Firm/Company) 11 Corey Rd (Address) MALDEN MA D2148 (City/State and Zip Code) For further information concerning this matter, please call: CLAUDIO MENDEZ at 305 7074022 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	Please return all correspondence concerning this matter to:					
Red Fot MANAGEMENT CCC (Firm/Company) ALLEN A D2148 (City/State and Zip Code) For further information concerning this matter, please call: CLAUDIO MENDEZ at 305 7074022 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	CLAUDIO M. MENDEZ FRANGICO					
(Address) MALDEN MA 02148 (City/State and Zip Code) For further information concerning this matter, please call: CLAUDIO MENDEZ at 305 7074022 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:						
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Enclosed please find a check made payable to the Florida Department of State for:	CLAUDIO MENDEZ at (305) 707 4022					
	(Name of Contact Person) (Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: MAILING ADDRESS:	STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section	.					
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	•					

Tallahassee, Florida 32314

15 APR 10 PH 3: 53



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	e limited liab	ility company as it a	ppears o	on the records of the Florida Department
of State is:	REDFOT	MANA GEME	NT	LLC
2. The Florida doc	cument/regist	ration number assign	ned to th	nis limited liability company is:
L 130	000 154	1167		
3. The date this me	ember/manag	ger withdrew/resigne	d or wil	Il withdraw/resign is: 4/1/15
4.1, 60 STAV	O B. L	DIMINICH	_, heret	y withdraw/resign as a
(Print)	Name of Person	Resigning)		
MG	R			
	(Print Title)	······································		
of this limited lia resignation in w		any and affirm the lin	nited lia	ability company has been notified of my
Signature of D	issociating N	Member or Resigning	Manag	er
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)			