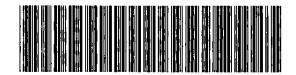
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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	_
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MIA4I 1 LLC		
(Name of Limited Liability Comp	pany)	
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.	
Please return all correspondence concerning this matter to:		
RAFAEL GIAMPETRUZZI		
(Contact Person)		
MIA4I 1 LLC		
(Firm/Company)		
3845 NW, 57 PLACE		
(Address)		
VIRGINIA GARDENS, FL 33166		
(City/State and Zip Code)	:	
For further information concerning this matter, please call:	14 NOV	7
RAFAEL GIAMPETRUZZI 786	3446463 REPART 26	
	& Daytime Telephone Number)	r
Enclosed please find a check made payable to the Florida De □ \$25 Filing Fee ■ \$55 Filing		•••
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of State is	e of the limited liability company as it appears on the record	ds of the Florida Department
	da document/registration number assigned to this limited li	iability company is:
	this member/manager withdrew/resigned or will withdraw/	Jensiem na e
, <u> </u>	(Print Name of Person Resigning), hereby withdraw	Wresign as a ALLAHAS
	(Print Title) ited liability company and affirm the limited liability comp n in writing.	(1) 27 CN 4
Signatur	re of Disportating Member or Resigning Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)