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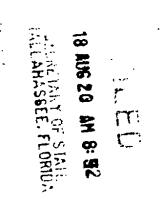
| (Requestor's Name) | | |
|---|-------------|--|
| (Address) | | |
| . (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT | MAIL | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | S | |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|----------------------|---|--|--|
| DYLSHA, LLC SUBJECT: | | | | |
| (Name of Limited Liability Company) | | | | |
| The enclosed member, resignation or dis | ssociation and fee(s | are submitted for filing. | | |
| Please return all correspondence concert | ning this matter to: | | | |
| Jerome J. Kavulich, Esq. | | | | |
| (Contact Person) | | | | |
| (Firm/Company) | | · <u>·</u> . | | |
| 2655 S. Le Jeune Road, Suite 804 | | | | |
| (Address) | | SAS ERE | | |
| Coral Gables, Florida 33134 | | FLO | | |
| (City/State and Zip Code) | | RIDA NOA | | |
| For further information concerning this | matter, please call: | • | | |
| Jerome J. Kavulich, Esq. | 305 at (| 442-7978 | | |
| (Name of Contact Person) | | & Daytime Telephone Number) | | |
| Enclosed please find a check made paya \$25 Filing Fee | | epartment of State for: 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 | | | | |

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

| I. The name of the | : limited liability company as | s it appears on the records of the Flor | rida Department |
|---|--------------------------------|---|---|
| | SHA, LLC | | 7. T. |
| 2. The Florida doc L1400001655 | • | ssigned to this limited liability comp | |
| 3. The date this mo | ember/manager withdrow/res | signed or will withdraw/resign is: | 1/201 |
| 4. I, Matias Brec | her | , hereby withdraw/resign as a | • |
| (Print) | Name of Person Resigning) | | |
| MGRM | | | |
| | (Print Title) | | |
| of this limited lia resignation in w | , • / · | he limited liability company has been | n notified of my |
| Signature of D | ssociating Member or Resig | gning Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |