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(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)	_			
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nar	me)			
(Da	ocument Number)				
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Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					

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4 CHANGES MAR 1.9 2014

COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: CAYI'DE GIDDAL LLC (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:
Veronica Rodriquez (Contact Person)
Caribe Global LLC (Firm/Company)
7350 NW 30 AVE (Address)
MIAMI FL 33147 (City/State and Zip Code)
For further information concerning this matter, please call:
Veronica Rodriguez at (305) 321-8978 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sumset\$ \$\sumset\$ \$\sumset\$ \$\sumset\$ \$\sumset\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

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)

1. The name of the	limited liability company as	it appears on the re	cords of the Florida	Department
of State is:	aribe Global, L	LC		•
2. The Florida docu	ment/registration number as	signed to this limite	ed liability company	is:
<u>L1400</u>	0026677	·		
3. The date this men	mber/manager withdrew/resi	igned or will withdr	raw/resign is: $3/$	13/14
4. I, Jose M	ame of Person Resigning)	, hereby withd	raw/resign as a	·
<u>VP</u>	Print Title)			
of this limited liab resignation in wri	oility company and affirm the	e limited liability co	ompany has been not	tified of my
	went beleen	5	T. J.	14
Signature of Dis	ssociating Member or Resign	ning Manager	CAHAGA Canada	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		EE CHLOSIO	PH 7