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(Requestor's Name)		
(Address)		
(Addiess)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
– – –		
(Business Entity Name)		
(Document Number)		
Continue of Continue		
Certified Copies Certificates of Status		
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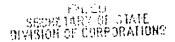
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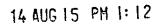
C. LEWIS AUG 22 2014

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CORCED & ASSOCIATES LL	С			
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociati	on and fee	(s) are submitted for filing.		
Please return all correspondence concerning the	is matter to	o :		
LUIS PORRELLO				
(Contact Person)				
(Firm/Company)				
343 SW 183 TER				
(Address)				
PEMBROKE PINES, FL, 33029				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
LUIS PORRELLO	305	482-1786		
(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
Clifton Building		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)

1. The name of the limited liability company as it of State is: CORCED & ASSOCIATES LLC	appears on the records of the Florida Department
2. The Florida document/registration number assig	gned to this limited liability company is:
3. The date this member/manager withdrew/resign	Aug 8, 2014
4. I, ELADIA AYALA	
(Print Name of Person Resigning)	
MANAGER	
(Print Title)	
of this limited liability company and affirm the linesignation in writing.	imited liability company has been notified of my
Stull	
Signature of Dissociating Member or Resignir	ng Manager