L14000140321

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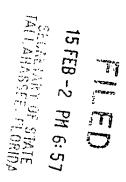
COVER LETTER

TO:	Registration Section Division of Corporations	•		
SUBJ			_	
	(Name of Limited Liability Con	npany)		
The en	nclosed member, resignation or dissociation and fee(s	s) are submitted for filing.		
Please	e return all correspondence concerning this matter to:			
JHON	N RODRIGUEZ			
	(Contact Person)	_		
JIRE	H MULTISERVICES INC			
	(Firm/Company)			
3095	S MULTISERVICES INC	ALLA:	15 FE	Laury
	(Address)	22 X X X X X X X X X X X X X X X X X X	<u>-</u> 83	2°
LAKE	E WORTH FL 33463		2 PM	
	(City/State and Zip Code)	T ST	2. 6.	
For fu	orther information concerning this matter, please call:	895 806 104	57	
JHOI	N RODRIGUEZ 561	5749110	_	
	(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
	sed please find a check made payable to the Florida I 5 Filing Fee	Department of State for: g Fee & Certified Copy		
	EET/COURIER ADDRESS:	MAILING ADDRESS:		
_	istration Section Registration Section sion of Corporations Division of Corporations			
	on Building P.O. Box 6327			
2661	Executive Center Circle nassee, Florida 32301	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)

	imited liability company as it appears on the records of the Florida Department CER FLORIDA LLC
2. The Florida docur L14000114032	ment/registration number assigned to this limited liability company is:
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 01/27/2015 AB
4. I, ALAN BOSTO	
MRG	
	rint Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
all	Je Jun
Signat are of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)