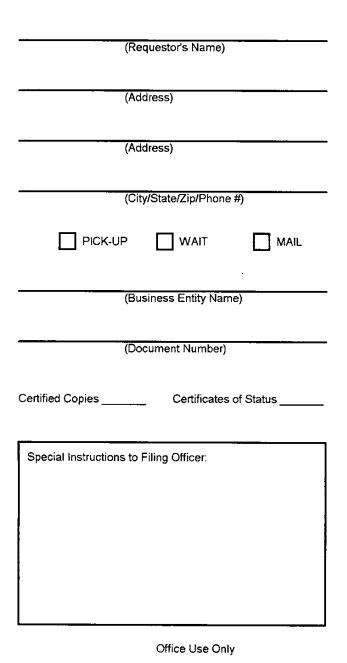
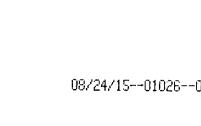
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K.SALY EXAMINER AUG 26 2015

COVER LETTER

_	ion of Corporations			
SUBJECT:	ASILA HOLDINGS, LLC			
	(Name of Limited Liability Company)			
The enclosed	l member, resignation or disso	ciation and fee((s) are submitted for filing.	
Please return	all correspondence concernin	g this matter to:	:	
ALISA D. W	VILKES, ESQ.			
	(Contact Person)		_	
	(Firm/Company)			
13400 SUT	TON PARK DR., SUITE 12	04	_	
	(Address)			
JACKSON	/ILLE, FL 32224			
	(City/State and Zip Code)		_	
For further in	formation concerning this ma	tter, please call:	:	
ALISA D. W	VILKES, ESQ.	904 at (620-9545	
(N	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)	
Enclosed ple \$25 Filing	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy	
Registration Division of C Clifton Build 2661 Executi	Corporations		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)

	limited liability company a	s it appears on the records of the Florida Department
2. The Florida doc	•	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
MARY C DOCEDO		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
MANAGER		
	(Print Title)	
resignation in wr	iting. L.C. Roge	
Filing Fee:	\$25.00 (Required)	gning Manager
Certified Copy:	\$30.00 (Optional)	