L1500000 6580

(Re	equestor's Name)		
(Ac	idress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
(- ,	,	
PICK-UP	WAIT	MAIL	
,			
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
Special Instructions to Filing Officer:			
	•		





100276431121

09/08/15--01003---024 **25.00

2015 SEP -8 PH 3: 43

J. HARRIS

COVER LETTER

_	stration Section			
Divis	ion of Corporations			
SUBJECT:	Frioul Two LLC			
	(Name of Lim	ited Liability Con	npany)	
The enclosed	l member, resignation or dissoci	ation and fee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
Olivier Garr	nier			
	(Contact Person)	· · · · · · · · · · · · · · · · · · ·	•	
Conseil & Private Asset Management				
	(Firm/Company)		_	
33 4th Stre	et N Ste 201			
	(Address)		•••	
St Petersbu	urg FL 33701			
	(City/State and Zip Code)		_	
For further information concerning this matter, please call:				
Anna Figiel	man	305	878-4272	
(N	ame of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Boxed{\text{\$\text{\$\text{Pling Fee}\$}}}\$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$				
Registration Division of C	Corporations		MAILING ADDRESS: Registration Section Division of Corporations	
	ling ive Center Circle Florida 32301		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)

The name of the limited liability company as it is of State is:	appears on the records of the Florida Department
The Florida document/registration number assign L15000006580	med to this limited liability company is:
3. The date this member/manager withdrew/resign	ed or will withdraw/resign is: April 6, 2015
4, I, Bruno Roman	_, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Member	
(Print Title)	
of this limited liability company and affirm the li resignation in writing.	mited liability company has been notified of my
Signature of Dissociating Member or Resignin	g Manager

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)