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Phone : (561)694-8107

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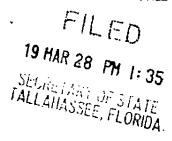
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

I. The name of the	e limited liability company as it appears on the records of the Florida Department M NORTH AMERICA PLLC
	cument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: Arteaga , hereby withdraw/resign as a Name of Person Resigning)
Member/Mar	
	(Print Title)
resignation in wi	ibility company and affirm the limited liability company has been notified of my riting.
	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)