LEW WASUT

| (R | equestor's Name) | | | |
|---|------------------------|--------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (C | ity/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (B | usiness Entity Name) | | | |
| (D | ocument Number) | | | |
| Certified Copies | Certificates of | Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

Registration Section

TO:

| Division of Corporations | | | | |
|--|---------------------------------------|--|-------------------------|-------------|
| SUBJECT: JJC GLOBAL TRADING, LL | .C. | | | |
| | ited Liability Cor | npany) | | |
| The enclosed member, resignation or dissoci | ation and fee(s | s) are submitte | d for filing. | |
| Please return all correspondence concerning | this matter to: | | | |
| CHRISTOPHER MARTINEZ DE CASTE | 80 | | | |
| (Contact Person) | | | | |
| JJC GLOBAL TRADING | | | | |
| (Firm/Company) | · · · · · · · · · · · · · · · · · · · | | | |
| 60 WEST 49TH STREET | | | | |
| (Address) | | - | E A | ~ |
| HIALEAH FL. 33012 | | | SECHE INER | |
| (City/State and Zip Code) | | _ | T R | (1) |
| For further information concerning this matt | er, please call: | | 3: 35 LORID | |
| JORGE ZACARIAS | 305 at (| 776-9221 | | |
| (Name of Contact Person) | | e & Daytime Te | lephone Numbe | er) |
| Enclosed please find a check made payable ☐ \$25 Filing Fee | | Department of g Fee & Certif | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING A Registration Division of O P.O. Box 633 Tallahassee, | Section Corporations | |

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 as | • • | s of the Florida Department | |
|--|--|-----------------------------|---|--|
| 2. The Florida docu L15000026567 | ment/registration number a | ssigned to this limited lia | ibility company is: | |
| 3. The date this mer | mber/manager withdrew/re | signed or will withdraw/r | esign is: | |
| 4. I, | | | | |
| (Print No | ime of Person Resigning) | | | |
| MANAGER | | | | |
| of this limited liab resignation in wri | ssociating Member or Resi | | any has been notified of my SECRETARY OF S | |
| _ | \$25.00 (Required) \$30.00 (Optional) | | | |
| 1 · | ` ' / | | /h | |