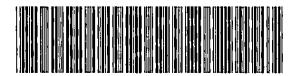
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(Req	uestor's Name)	
(Add)	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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MAY 21 2019 S. YOUNG

COVER LETTER ...

TO: Registration Section Division of Corporations		
SUBJECT: IBGS, LLC		
(Name of Lin	nited Liability Com	npany)
The enclosed member, resignation or dissocration	iation and fee(s)) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Jose M. Garcia		
(Contact Person)		-
IBGS, LLC		
(Firm/Company)		-
3340 NE 190th Street, Unit 1207		
(Address)		-
Aventura, Florida 33180		
(City/State and Zip Code)		•
For further information concerning this matt	ter, please call:	
Jose M. Garcia	786	838-5075
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		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)

1. The name of the l	limited liability company as	s it appears on the records of the Florida I	Department
of State is:	la		
2. The Florida docu	ment/registration number a	ssigned to this limited liability company i	s:
L15000033643	i	·	
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resign is: May 1,	2019
4. I, Itziar J. Barandiaran Goni hereby withdraw/resign as a (Print Name of Person Resigning)			
(Print Na	me of Person Resigning)		
AMBR			
(Print Title)		
		ne limited liability company has been noti	fied of my
resignation in writ			
Signature of Dis	sociating Member or Resig	ning Manager	.**
Filing Fee:	\$25.00 (Required)		ic.
	\$30.00 (Optional)		72