U50005760/

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	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:					
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SECRETARY OF STATE

ALLAMASSEE FLORING

OCT 2.2 2015 S. YOUNG

COVER LETTER

_	sion of Corporations					
SUBJECT:	Super Hiro LLC					
50202011	(Name of I	imited	Liability Co	mpany)		
The enclosed	d member, resignation or disse	ociatio	n and fee(s) are submitted for f	ĭling.	
Please return	all correspondence concerni	ng this	matter to:			
Jiten Chan	diramani					
	(Contact Person)			_	,	
Super Hiro	LLC					
	(Firm/Company)			_		
801 E Hibis	scus Blvd., #2					
	(Address)			-	三国 お	
Melbourne,	FL 32901					
	(City/State and Zip Code)			<u> </u>	営門と	: [
For further in	nformation concerning this ma	atter, p	olease call:			2 C
Derek Blan	kenship	at	888	226-4711))
(N	lame of Contact Person)		\	e & Daytime Telephon	e Number)	
Enclosed ple	ease find a check made payabl g Fee			Department of State f g Fee & Certified Co		
Registration Division of Clifton Build 2661 Execut	Corporations			MAILING ADDR Registration Section Division of Corport P.O. Box 6327 Tallahassee, Florida	n ations	

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 of State is:		s it appears on the records of the	-
2. The Florida doc L1500005760	•	ssigned to this limited liability	company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign	is:
4. I, Jaycon Syste	ems LLC Jame of Person Resigning)	, hereby withdraw/resign	ı as a
MGR	(Print Title)		
of this limited lia resignation in wr	• •	ne limited liability company ha	s been notified of my
D2	-Pri		
Signature of D	issociating Member or Resig	ıning Manager	FILI OCT 21 FTARY: HASSEE
	\$25.00 (Required) \$30.00 (Optional)		ED MP:2 ETICANA