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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Transhoe, LC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Angela Prieto (Contact Person)
Tiramishoe.
(Firm/Company)
2725 Pence de LEON Boulevard
Suite 300, Coral Eables FL 33/34 (City/State and Zip Code)
For further information concerning this matter, please call:
Angela Prielo at (786) 2467644 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{ Filing 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	limited liability company a	s it appears on th	e records of	The Florida	i Depai	rtment
of State is:	ramishoe Uc	han designed company of the second control type Manufacturation for a Manufacturation	eristere temben. Samin mejelik heljemen von Ler ennegenin, i de	Total State of Marketon and State of the widow day of specifyronical section and the security of the section and the section a	i'i qaraqor abdaqaan on arna sama sagan ay	OF HANGIN LITTALIANS
2. The Florida docu	ment registration number (issigned to this li	mited liabil	ity company	y is:	
47-36	,44932	and the second of the second o				
3. The date this men	mber/manager withdrew/re	signed or will wit	thdraw resig	an is: <u>[2</u>]	11 11	5
4.1. Laura		, hereby wi		•	'	
Manac	Print Titles				٠.	
resignation in wri			y company	has been m	otified (of my
Signature of Dis	ssociating Member or Resig	gning Manager		5	~	.,
	\$25,00 (Required) \$30,00 (Optional)		i .	TURETARY OF STATE	1 P 1 P 10	