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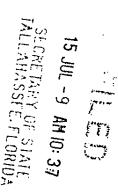
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ESDY'S DELIGHTS LLC			
	mited Liability Company)		
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to:		
JESSICA ESPINOSA			
(Contact Person)			
A RESOLVER DOCUMENTOS LLC			
(Firm/Company)			
1216 PLACETAS AVENUE			
(Address)			
CORAL GABLES, FLORIDA 33146			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
JESSICA ESPINOSA	at () 602-8250		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	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 as	it appears on the records of the Florida Department
of State is:	DY'S DELIGHTS LLC	·
2. The Florida doc	ument/registration number as	ssigned to this limited liability company is:
L1500006415	0	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
4. I,JORGE MAR	RQUEZ	hereby withdraw/recian as a
(Print N	Name of Person Resigning)	, hereby withdraw/resign as a
AMBR		A.S.
	(Print Title)	15 JU ECRE
of this limited lia		e limited liability company has been notified of my
- Joen	se Marker	ning Manager
Signature/of D	issociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	