## LISECCE 75307

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Department of State for: g Fee & Certified Copy
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

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 record	s of the Florida Department
of State is:	JJIVAL USA LLC		·
2. The Florida doc	ument/registration number as	ssigned to this limited li	ability company is:
L1500007530	7		
3. The date this me	ember/manager withdrew/res	igned or will withdraw/i	resign is:
4. I, BRACHO AI	NEZ, ARMANDO J Name of Person Resigning)	, hereby withdraw/	resign as a
(Print )	Name of Person Resigning)		
MEMBER			
	(Print Title)		
of this limited lia resignation in wi	bility company and affirm the	e limited liability comp	any has been notified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		