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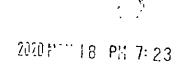
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Pablo Rodriguez	
(Contact Person)	
Therrel Baisden, LLP	
(Firm/Company)	
One SE 3rd Ave., Suite 2950	
(Address)	
Miami, FL 33131	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Pablo Rodriguez	305 371-5758
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





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)

	limited liability company as i	t appears on the records of the Florida Department
2. The Florida docu	ument/registration number ass	rigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is: May 1, 2020
		, hereby withdraw/resign as a
(Print A	ame of Person Resigning)	
of this limited lia resignation in wr		limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	