

L15000 188277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

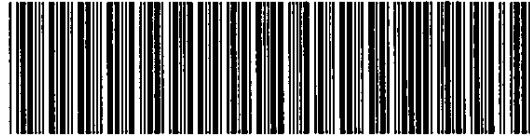
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 26 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US FOUR LEAVES LLC

(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:

CLAUDIA N. CABELLO DE STICKLER

(Contact Person)

US FOUR LEAVES

(Firm/Company)

11353 nw 65 st

(Address)

doral florida 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA N. CABELLO DE STICKLER 7864785842

(Name of Contact Person) at () (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
 \$25 Filing Fee \$55 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



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: US FOUR LEAVES LLC
2. The Florida document/registration number assigned to this limited liability company is: L15000188277
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/15/2016
RAGDA EL ASSAAD
4. I, Ragda El Assaad, hereby withdraw/resign as a
(Print Name of Person Resigning)
MEMBER MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Ragda El Assaad

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

RECEIVED
16 APR 25 PM 12:15
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TALLAHASSEE, FLORIDA