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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jak. Thernana R (Name of Limited Liability Con	Many, CCC
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Carla Marting (Contact Person)	_
JODE INVERNATIONAL RECLITY (Firm/Company)	 -
2000 Ponce De 160m BlvD # 600	2
COTAL GADRS, FL 33134 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
(Name of Contact Person) at (780 (Area Code	999-9692 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$\sum_{\text{\$\subset}}\$	Department of State for: g 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)

1. The name of the	e limited l	iability company as	it appea	ars on the	records of th	ne Florida Dep	artment
of State is:	XIDE	Interneme	mal	RECIV	Ty, C	_C	·
		gistration number as	signed	to this limi	ited liability	company is:	
L15000	1900-	78	·				
3. The date this me	ember/ma	nager withdrew/resi	gned or	will with	draw/resign	is: 12 31	2018
	Name of Per	son Resigning)	, he	ereby with	draw/resign	as a	
_wanag	e X Print Title						
of this limited lia resignation in wi	-	npany and affirm th	e limite	d liability (company ha	s been notifie	d of my
	m/	g Member or Resign					
Signature of D	issociatin	g Member or Resign	ning Ma	nager			
Filing Fee: Certified Copy:		0 (Required) 0 (Optional)					22 130 td