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## COVER LETTER

Division of Corporations	
SUBJECT: CORAL GABLES INTERNATIONAL TR	ADE LLC
(Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and feet	(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
BLANCA ARENAS	
(Contact Person)	<del>-</del>
(Firm/Company)	_
2199 Ponce De Leon Blvd Suite 200	
(Address)	
CORAL GABLES FL 33134	
(City/State and Zip Code)	_
For further information concerning this matter, please call	•
BLANCA ARENAS VAZQUEZ 305	3009241
(Name of Contact Person) (Area Cod	3009241 _) e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida   \$25 Filing Fee	Department of State for: g Fee & Certified Copy
Division of corporation P.O. BOX 6327 Tallahaasen F/32314	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 527
Taxahaosee Pl Jes 7	Tallallassee, Florida 32514



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 603.0216, Florida Statutes)

	RAL GABLES INTERNATI	signed to this limited liability company is:
L1600005442	23	·
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is: MAY 25,2016
4. I, LARRY LIPS	SCHUTZ	, hereby withdraw/resign as a
(Print )	Vame of Person Resigning)	, nereby withdraw/tesign as a
	REGISTERED AGENT	
····	(Print Title)	•
Signature of D Filing Fee: Certified Copy:	issociating Member of Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager
CR2E079 (2/14)		2016 JUL 18 P 2: SECRETARY DE SIA TALL'AHASSEE, FLOR