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(Re	questor's Name)				
(Ad	dress)				
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(Ad	dress)				
	JChata (Zia IDla a a	- 40			
(City/State/Zip/Phone #)					
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ		ted Liability Cor	mpanv)
The e	nclosed member, resignation or dissocia	-	
Please	e return all correspondence concerning t	his matter to:	
ALEX	KANDRE BALLERINI		_
	(Contact Person)		
DIAZ	REUS TARG ,LLP		
	(Firm/Company)		_
100 5	SE 2ND STREET, SUITE 3400		
	(Address)		_
MIAN	MI FL 33131		
	(City/State and Zip Code)		_
For fu	orther information concerning this matte	r. please call:	
ALEX	KANDRE BALLERINI	305	375 9220
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy
Regist Divisi Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations in Building Executive Center Circle massee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

	imited liability company as MELECTION, LLLC	it appears on the records of the l	Florida Department
2. The Florida docur L16000111913	_	ssigned to this limited liability co	ompany is:
3. The date this men	nber/manager withdrew/res	igned or will withdraw/resign is:	03/16/2018
5447111711544	DITIM	, hereby withdraw/resign as	
MANAGER / M			
(1	rint Title)		
of this limited liab resignation in writ		e limited liability company has b	een notified of my
M	<u>_</u>		
Signature of Dis	sociating Member or Resig	ning Manager	
~	\$25.00 (Required) \$30.00 (Optional)		22 P
• •			1.25 1.21 1.21