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## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT	CR & S CONSORCIO JUF	RIDICO	
	(Name of L	imited Liability Co	ompany)
The enclos	sed member, resignation or disso		
Please retu	urn all correspondence concernin	g this matter to	:
Sebastia	n Jaramillo Esq.		
	(Contact Person)		_
Reifkind	Thompson & Rudzinski LLP		
	(Firm/Company)		<del>_</del>
66 W Fla	gler St Suite 500		
	(Address)	-	
Miami FL	. 33130		
	(City/State and Zip Code)		_
For furthe	r information concerning this ma	itter, please call	:
Sebastia	n Jaramillo (Name of Contact Person)	954	370-5152
<del></del>	(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)
Enclosed	please find a check made payable ing Fee		Department of State for: ng Fee & Certified Copy
STREET	/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section			Registration Section
Division of Clifton Bu	of Corporations		Division of Corporations P.O. Box 6327
	cutive Center Circle		Tallahassee, Florida 32314

Tallahassee, Florida 32301

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)

	& S CONSORCIO JURIDI	it appears on the records of the Florida Department
2. The Florida doc	_	ssigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resi	igned or will withdraw/resign is: 10/22/18
Edicon Sanchez		, hereby withdraw/resign as a
· · · · · · · · · · · · · · · · · · ·	Name of Person Resigning)	nereby withdrawn cong as a
Manager		
<del></del>	(Print Title)	
of this limited li resignation-in-w		e limited liability company has been notified of my
Signature of L	Dissociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	