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COVER LETTER

Division of Corporations 2011 LAUDERHILL FL LLC **SUBJECT:** (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: JAIME MOLLETURO (Contact Person) JAMES INDUSTRIES CORPORATION (Firm/Company) 6661 SW 26 STREET (Address) MIRAMAR, FL 33023 (City/State and Zip Code) For further information concerning this matter, please call: JAIME MOLLETURO 318-4016 305 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **■** \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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)

	e limited liability company a 2011 LAUDERHILL FL LLC	s it appears on the records of the Florida Department	
		ssigned to this limited liability company is:	
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:	
CRISTIAN LLANOS		hereby withdraw/resign as a	
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a	
MA	NAGER		
 .	(Print Title)		
resignation in w	ritifd.	ne limited liability company has been notified of my	
Signature of D	ssociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)	' ~s	
Certified Copy:	\$30.00 (Optional)	<i>920</i>	
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