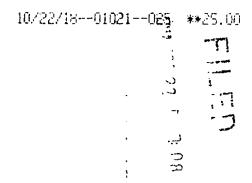
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•						
(Requestor's Name)						
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COVER LETTER

CR2E079 (2/14)

TO:	_	stration Section sion of Corporations			
SUBJ	ECT:	BLESSED MANAGEMENT GROUP LLC			
	(Name of Limited Liability Company)				
The er	nclosed	d member, resignation or dissociation and fee(s) are submitted for filing.			
Please	return	n all correspondence concerning this matter to:			
BRAI	U YON	J. POLLACK	.7		
		(Contact Person)	`.		
BLES	SSED	MANAGEMENT GROUP LLC	ာ ၁		
	_	(Firm/Company)			
2627	N.E.	203RD STRET, #218	-		
		(Address)			
AVE	NTUR.	RA, FLORIDA 33180			
		(City/State and Zip Code)			
For fu	rther i	information concerning this matter, please call:			
_B	van (N	Name of Contact Person) at (786) 623-9399 (Area Code & Daytime Telephone Number	<u></u>		
	sed ple 5 Filing	ease find a check made payable to the Florida Department of State for: g Fee			
Regis Divisi Clifto 2661	tration ion of (n Build Execut	COURIER ADDRESS: A Section Corporations Iding Center Circle Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			



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	limited liability company as	s it appears on the records of t	· ·
BLE	SSED MANAGEMENT G	ROUP LLC	3
of State is:			
2. The Florida docu	ument/registration number as	ssigned to this limited liabilit	y company is:,2
L1700012200	9		; 800
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	n is:
4 T YAIRA HERI	NANDEZ	, hereby withdraw/resig	ın as a
(Print N	lame of Person Resigning)	,,	,
AUTHORIZE	D MEMBER		
	(Print Title)		
of this limited lia resignation in wr	• • •	ne limited liability company h	as been notified of my
	MMA		
Signature of Di	issociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		