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COVER LETTER

	gistration Section rision of Corporations			
SUBJECT	ANNADROJ SERVICES	, LLC		
	(Name of	Limited Liability Con	npany)	
The enclose	ed member, resignation or dis	ssociation and fee(s	s) are submitted for	or filing.
Please retu	rn all correspondence concern	ing this matter to:		
JORDANI	NA V. CHIAFITELA FERNA	ANDEZ		
•	(Contact Person)		_	
ANNADR	OJ SERVICES, LLC			
****	(Firm/Company)		_	
3127 RIVI	ERSIDE DRIVE - A-402			
	(Address)		_	
CORAL S	PRINGS - FL - 33065			2017 JUL 25 SECKETARY ALLAHASSE
	(City/State and Zip Code)		_	HAX FEED July
For further	information concerning this r	matter, please call:		′-۰'ساً
LEA LERA	ARIO	954 at (6952877	FLOR
(Name of Contact Person)		& Daytime Teleph	ione Number)
Enclosed p \$25 Filin	lease find a check made payal ng Fee		Department of States Fee & Certified	
	COURIER ADDRESS:		MAILING ADI	
Registration Section Division of Corporations			Registration Section Division of Corporations	
Clifton Building			P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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)

The name of the limited liability company as it appears on the records of of State is: ANNADROJ SERVICES, LLC	the Florida Department
2. The Florida document/registration number assigned to this limited liabili	ity company is:
3. The date this member/manager withdrew/resigned or will withdraw/resig	07/24/2017 gn is:
4. I, ARMANDO H. FERNANDEZ (Print Name of Person Resigning), hereby withdraw/resigning)	
AMBR (Print Title)	201 5:: TAL
of this limited liability company and affirm the limited liability company resignation in writing. Signature of Dissociating Member or Resigning Manager	TJUE 26 P S 46 LANGE SEE, FLORIDA has been not SSEE, FLORIDA

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)