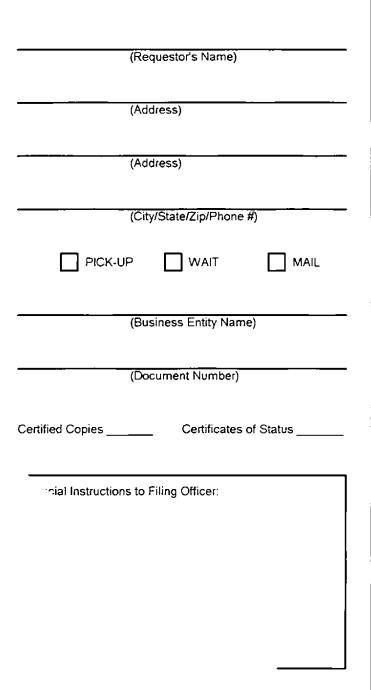
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SECRETARY OF STATI

JIS 8-29-14

COVER LETTER

| U | ion of Corporations | | |
|----------------------------|---|--------------------|---|
| SUBJECT: | AYD INTERNATIONAL LLC | | |
| Sebuber. | (Name of Lim | ited Liability Com | pany) |
| The enclosed | l member, resignation or dissoci | ation and fee(s) | are submitted for filing. |
| Please return | all correspondence concerning | this matter to: | |
| James D'Lo | oughy | | |
| | (Contact Person) | | • |
| Advisorlaw | PLLC | | |
| | (Firm/Company) | | • |
| 2925 PGA | Blvd, Suite 204 | | |
| | (Address) | | • |
| Palm Beach | h Gardens, Florida 33410 | | |
| | (City/State and Zip Code) | | • |
| For further in | nformation concerning this matte | er, please call: | |
| James D'Lo | oughy | 561 | 622-7788 |
| (N | ame of Contact Person) | (Area Code | & Daytime Telephone Number) |
| Enclosed ple \$25 Filing | ase find a check made payable to g Fee | | epartment of State for: Fee & Certified Copy |
| | OURIER ADDRESS: | | MAILING ADDRESS: |
| Registration Division of C | | | Registration Section Division of Corporations |
| Clifton Build | • | | P.O. Box 6327 |
| | ive Center Circle Florida 32301 | | Tallahassee, Florida 32314 |

'079 (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)

| | limited liability company as | it appears on the records of the | e Florida Department | | |
|--|------------------------------|----------------------------------|--|--|--|
| 2. The Florida doc | _ | signed to this limited liability | company is: | | |
| 3. The date this me | mber/manager withdrew/resi | igned or will withdraw/resign i | o8-22-2018 | | |
| 4. I, Amy McArdle | | | _, hereby withdraw/resign as a | | |
| Member | | | | | |
| | (Print Title) | | | | |
| of this limited lia resignation in wr | | e limited liability company has | s been notified of my | | |
| | £ | | | | |
| Signature of D | issociating Member or Resign | ning Manager | 2018 AUG 27 F SECRETARY (TALLAHAS | | |
| Filing Fee: | \$25.00 (Required) | | ;27 | | |
| Certified Copy: | \$30.00 (Optional) | | 55 T | | |