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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(======================================	,
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COVER LETTER

P :

TO: Registration Section Division of Corporations		
SUBJECT: Freedom ExpertS (Name of Limited Liability Compa	LLC	
(Name of Limited Liability Compa	iny)	
The enclosed member, resignation or dissociation and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this matter to:		
Joel Gandara (Contact Person)		
Morno Capital (Firm/Company)		
20911 Johnson St. #105 (Address)		
Pembroke Pines, FL 3302 (City/State and Zip Code)	9	
For further information concerning this matter, please call:		
Toel Gandara at (305) (Name of Contact Person) (Area Code &	915-8811	
(Name of Contact Person) (Area Code &	Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Dep \$25 Filing Fee \$55 Filing F	partment of State for: ee & Certified Copy	
STREET/COURIER ADDRESS: M	MAILING ADDRESS:	
C	tegistration Section	
•	Division of Corporations	
**************************************	O. Box 6327	
2661 Executive Center Circle T	allahassee, Florida 32314	

CR2E079 (2/14)

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)

1. The name of the	ne limited liability company as it appears on the records of the Florida	Department
of State is:	Freedom Experts, LLC	·
L1800	nember/manager withdrew/resigned or will withdraw/resign as a	103/19-5
	han Perez, hereby withdraw/resign as a Name of Person Resigning) ng Partner (Pfint Title)	
resignation in wr	27	otified of my
Signature of Di	Dissociating Member or Resigning Manager	
	\$25.00 (Required) \$30.00 (Optional)	