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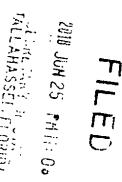
(Requestor's Name)
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AND A SANGATAN No. 28. In Co. Alberta C. PARAD



COVER LETTER

Division of Corporations			
MELAZA LLC SUBJECT:			
	mited Liability Comp	pany	
Dear Sir or Madam:			
The enclosed Amendment or Cancellation of Staten	nent of Authority and	fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:		
Reison Frioni			
Name of Person			
MELAZA LLC			
Firm/Company			
40 SW 13 St Suite 301			
Address			
Miami , FL 33130			
City/State and Zip Code			
reisonfrioni@gmail.com			
E-mail address: (to be used for future annu	ual report notification))	
For further information concerning this matter, plea	se call:		
Jaime O Gomez, Jr	305	790-7989	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		

Tallahassee, Florida 32301

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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 comp	any as it appears on the re	ecords of the Florida Departi	ment
of State is:	MELAZA 1	lc		·
2. The Florida docu	ment/registration nun	nber assigned to this limit	ed liability company is:	
_L18	00010	+520		
3. The date this me	mber/manager withdro	ew/resigned or will withd	raw/resign is: _ しいど	et, 2018
4. I. YON#	ame of Person Resigning)	OGQ_, hereby withd	lraw/resign as a	
AMR	Print Title)			
of this limited lia resignation in wr		irm the limited liability co	ompany has been notified of	ſmy
John	- Janusi	V	COM JUN CLAHAS	7
Signature of Di	ssociating Memb er or	Resigning Manager	25 1	71/2
Filing Fee:	\$25.00 (Required)		Palo de la companya d	
Certified Copy:	\$30.00 (Optional)		· · · · · · · · · · · · · · · · · · ·	