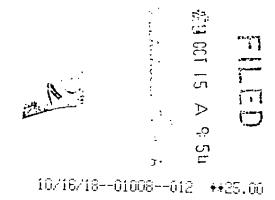
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COVER LETTER

_	stration Section sion of Corporations	•			
SUBJECT:	JV UNITED PARTNERS L	LC .			
000,001	(Name of Limited Liability Company)				
The enclose	d member, resignation or disso	ciation and fee(s) are submitted for filing	g.	
Please return	n all correspondence concerning	g this matter to			
JOSE LAU	JREANO FILHO				
	(Contact Person)		_		
JV UNITE	D PARTNERS LLC		; ;		
	(Firm/Company)		-	. 000	
8822 W FL	AGLER ST #9		;	<u>۔</u> ن	
	(Address)		_	· >	
MIAMI, FL	33174		,	٠ ١ در	
	(City/State and Zip Code)		_		
For further i	nformation concerning this ma	tter, please call	:		
JOSE LAU	JREANO FILHO	305	713-4706		
(1)	Name of Contact Person)	(Area Cod	e & Daytime Telephone Nu	umber)	
Enclosed plo ■ \$25 Filin	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy		
	COURIER ADDRESS:		MAILING ADDRESS	S:	
Registration	Section Corporations		Registration Section		
Clifton Buil			Division of Corporatio P.O. Box 6327	ns	
	tive Center Circle		Tallahassee, Florida 32	2314	
	, Florida 32301		The state of the s		

CR2E079 (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)

15.7.1.1	NITED PARTNERS LLC	s it appears on the records of the I	<u>.</u>
2. The Florida docu L18000130549		ssigned to this limited liability co	mpany is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	10/12/2018
4. I, LESVIA SIEF	RRA ume of Person Resigning)	, hereby withdraw/resign as	a
AMBR	Print Title)		
resignation in wri	pility company and affirm the ting. ssociating Member or Resignation	ne limited liability company has b	een notified of my
ingilitare of phi	sociating Member of Resig	gining imanager	
_	\$25.00 (Required) \$30.00 (Optional)	·,	5.1 000 15 A S

CR2E079 (2/14)