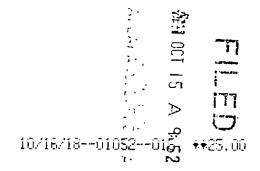
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P.O. Box 6327 Tallahassee, Florida 32314

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)

	limited liability company as	it appears on the records of the Florida Department O LLC
2. The Florida docu L18000167658	_	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
4. I. PAOLO STEFANINI (Print Name of Person Resigning)		
AMBR	(Print Title)	
resignation in wr	iting.	ne limited liability company has been notified of my
?	16/2	-
	ssociating Member or Resig	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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