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Division of Corporations

Fax Number

: (850)617-6383

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Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

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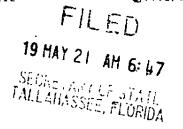
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K. SALY MAY 22 2019 H19000164862





## 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)

3. The date this member/r	nanager withdrew/resigned or will withdraw/resign is:  Gaudens
Ramon F. Sorondo	Gaudens
(Print Name of )	
MGR.	Person Resigning) hereby withdraw/resign as a
(Print T	(ie)
of this limited liability or resignation in writing.	ompany and affirm the limited liability company has been notified of my
Same.	
Signature of Dissociati	ng Member or Resigning Manager
	.00 (Required)
Certified Copy: \$30	00 (Optional)

CR2E079 (2/14)