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(Red	questor's Name)	
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(City	//State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
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(4	-	,
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
Openial mandenions to t	ming Officer.	

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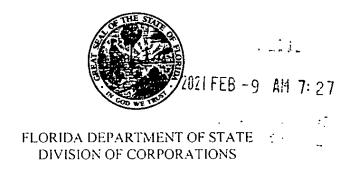
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COVER LETTER

-	stration Section			· •
DIVIS	sion of Corporations			
SUBJECT:	Ara Firm, LLC — ,	remove	AMBR	member
	(Name	of Limited Li	ability Company	y)
The enclosed	l member, resignation or d	lissociation	and fee(s) are	e submitted for filing.
Please return	all correspondence conce	rning this n	natter to:	
Nora Douglas				
	(Contact Person)	,		
ARA Firm, LL	C			
	(Firm/Company)			
395 NW 23rd s	st			
	(Address)			
Boca Raton, Fl	1. 33431			
	(City/State and Zip Code)	_	
For further in	nformation concerning this	s matter, ple	ase call:	
Nora Douglas		5 at (61 96	98788
(N	fame of Contact Person)		rea Code & D	Paytime Telephone Number)
•	ease find a check made pay		-	
■ \$25 Filing	g Fee	□ 3	33 Filing Fee	2 & Certified Copy
	ng Address:			et Address:
	stration Section sion of Corporations			gistration Section vision of Corporations
	Box 6327			e Centre of Tallahassee
	hassee, FL 32314			5 N. Monroe Street, Suite 810
	•		Tal	lahassee, FL 32303



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
	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
	, hereby withdraw/resign as a large of Person Resigning)
(Print A AMBR	ame of Person Resigning)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	M
Signature of Di	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)