L21 000 308 820

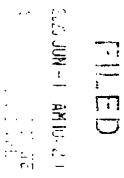
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

TO:	Registration Section Division of Corporations			
	·			
SUBJ	ARAMAN, LLC JECT:			
	(Name of Limited Liability Company)			
The e	enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.		
Please	e return all correspondence concernit	ng this matter to:		
THON	MAS RINGEL, ESQ.			
	(Contact Person)			
Marko	owitz, Ringel, Trusty & Hartog, P.A.			
	(Firm/Company)			
9130 \$	South Dadeland Blvd., Suite 1800			
	(Address)			
Miam	i, FL 33156			
•	(City/State and Zip Code)			
For fi	arther information concerning this ma	atter, please call:		
THON	MAS RINGEL, ESQ	305 670-5000 at ()		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclo	sed please find a check made payable	e to the Florida Department of State for:		
= \$2	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	rananassee, 11, 22314	Tallahassee, Fl. 32303		

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)

2. The Florida doc L21000308820	ument/registration number as	ssigned to this limited liability company is:
	ember/manager withdrew/res	igned or will withdraw/resign is:
JUAN ARAUIO-ROCA (Print Name of Person Resigning)		, hereby withdraw/resign as a
	zed Member and Manager	
	(Print Title)	
of this limited lia resignation in w		e limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	