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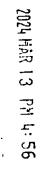
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TO

COVER LETTER

Division of Corporations HAF Jeweler LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Wency Germinal (Contact Person) HAF Jeweler LLC (Firm/Company) 6970 Pembroke Road (Address) Pembroke Pines/FL/33023 (City/State and Zip Code) For further information concerning this matter, please call: **Wency Germinal** 561 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: **\$25** 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 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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 Florid	a Department
2. The Florida doc L22000420337	ument/registration number assi	gned to this limited liability compan	ıy is:
3. The date this me	mber/manager withdrew/resign	gned to this limited liability compand	(20 A)
MGR of this limited lia	(Print Title) bility company and affirm the l	limited liability company has been n	PH 4: 56
Signature of	asociating Member or Resigning	ng Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		