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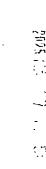
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

TO:		stration Section sion of Corporations			
SUBJ	ECT:	JARA TRADING LLC			
20.70		(Name of Limi	ed Liabilit	ly Con	npany)
The er	nclosed	I member, resignation or dissocia	tion and	fce(s	e) are submitted for filing.
Please	return	all correspondence concerning t	his matto	er to:	
XAVII	ER JAR.	A			
		(Contact Person)			_
JARA	TRADI	NG LLC			
		(Firm/Company)			-
1150 8	1W 72N	D AVE TOWER1 STE #20201			
	•	(Address)			-
МІАМ	II FLOE	RIDA 33126			
		(City/State and Zip Code)			-
For fu	rther in	nformation concerning this matte	r. please	call:	
XAVII	ER JAR.	Α	321 at (4649692
	(N	ame of Contact Person)	(Area	Code	& Daytime Telephone Number)
Enclos	sed ple	ase find a check made payable to			
≡ \$25	5 Filing	g Fee :	\$55 I	Filing	Fee & Certified Copy
		ng Address:			Street Address:
	_	stration Section sion of Corporations			Registration Section Division of Corporations
		Box 6327			The Centre of Tallahassee
	Talla	hassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

of State is:	TRADING LLC		<u>.</u> .
2. The Florida doct	ment/registration number assigned	to this limited liability company is:	
3. The date this me	mber/manager withdrew/resigned or	or will withdraw/resign is:	-
4. I. LORENA C. JA	RA , h ame of Person Resigning)	nereby withdraw/resign as a	
MGR	ame of Person Resigning)		
	(Print Title)		
of this limited fia resignation in wr	iting.	ed liability company has been notified of m	y - 9195
Signature of Di	ssociating Member or Resigning Ma	anager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		-