Revocation of Attorney/Domestic Representative and/or Appointment of **Attorney/Domestic Representative**

Handwritten Signature

Signature	Section:
~ .	

Signature: 12/28/2016
Date: _____

Signatory's Name: Uriel Acevedo

Signatory's Position: Managing Member

DocuSigned by:

Signatory's Phone Number: 305-447-1617

NOTE TO APPLICANT: When filed as part of the electronic form (i.e., scanned and attached as an image file), include only the signature page (no declaration is required, nor should any other information from the actual revocation be included).

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