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THE SECRETARY OF STATE

T. CLINE
MAR - 4 2010
EXAMINER

COVER LETTER

Registration Section

Division of Corporations	
American Otest Duadwete 11.0	
SUBJECT: American Steel Products, LLC. (Name of Limited Liability Control of Liability Control	
(Name of Elimited Liability C	company)
The enclosed member, managing member or manager restilling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter t	o:
Mauro lurman	
(Contact Person)	
American Steel Products, LLC.	2010 K SECH TALLA
(Firm/Company)	TARE AR
2199 Ponce de Leon Blvd, Suite-300	2010 MAR -3 PM 1: 4 SECRETARY OF STATI ALLAHASSEE, FLORI
(Address)	FLC SI
Coral Gables, FL 33134	ATE DRIDA
(City/State and Zip Code)	
For further information concerning this matter, please ca	11:
Mauro lurman at 305	250- 9980
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee	a Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	e limited liability company as it			-	
of State is:	American Ste	el Products	, LLC	·	
	pility company was organized of Flonida		7	2010 MAR -3 1 SECRETARY O	TERR
	ument/registration number of t	this limited liability comp	oany is:	PH 1: 47 OF STATE E, FLORIDA	C
4. I, <u>Edua.</u> (Print N	Ado Deswitz Name of Person Resigning)	, hereby resign as a	M6 (Print Tit	R le)	
of this limited lia resignation in wa	ibility company and affirm the riting.	limited liability company	y has been not	ified of my	
	FIN				
Signature of Res	igning Member Managing Me	ember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				