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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations



NA	NATIONALE SUISSE LATIN AMERICA LLC
CUD IECT.	

(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:

LAURENCE E CURRAN		
(Contact Person)		_
CURRAN LAW PL		
(Firm/Company)		_
4000 PONCE DE LEON BLVS-SUITE	470	
(Address)		-
CORAL GABLES, FL 33146		
(City/State and Zip Code)		_
For further information concerning this ma	atter, please call	:
LORENA AVILA	305 at (3711111
(Name of Contact Person)	(Area Coo	le & Daytime Telephone Number)
Enclosed please find a check made payabl □ \$25 Filing Fee		Department of State for: ng 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 (2/14)







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

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it appears on the records of the Florida Department of State is: NATIONALE SUISSE LATIN AMERICA LLC				
2. The Florida doci	ument/registration number assigned to this limited liability company is:			
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:			
	nal Insurance Company LTD , hereby withdraw/resign as a lame of Person Resigning)			
Managing Me				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting. Thomas Rune: et			
Signature of Di	ssociating Member or Resigning Manager			
	\$25.00 (Required) \$30.00 (Optional)			