# 1140001607022

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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Maria .

SECRETARY OF STATE

#### **COVER LETTER**

TO:		stration Section ion of Corporations			
SUBJI		PRINT AUDIT LATIN AMERI	ICA LLC		
		(Name of Limited Liability Company)			
The en	closed	I member, resignation or dissocia	tion and fee(	s) are submitted for filing.	
Please	return	all correspondence concerning t	his matter to:		
OMAF	RRE	GEA			
		(Contact Person)			
PRIN	T AUI	DIT LATIN AMERICA LLC			
		(Firm/Company)		_	
3800	INVE	RRARY BLVD # 100F			
		(Address)		_	
LAUD	ERHI	ILL, FL 33319			
		(City/State and Zip Code)		_	
For fur	ther in	nformation concerning this matte	r, please call:		
OMAF	RE	GEA	954	330 9061	
	(N	ame of Contact Person)		e & Daytime Telephone Number)	
Enclose \$25	•	ase find a check made payable to g Fee	,	Department of State for: g Fee & Certified Copy	
Registr Division Clifton	ration on of C Build	OURIER ADDRESS: Section Corporations ling ive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
		Florida 32301			

CR2E079 (2/14)

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### FILED

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

(Pursuant to 605.0216, Florida Statutes)

I. The name of the of State is:	PRINT ALIDIT LATIN AMERICA LI	s it appears on the records of the Florida Department  LC
2. The Florida do L140001670		ssigned to this limited liability company is:
3. The date this n	nember/manager withdrew/res	signed or will withdraw/resign is: (10662)
4.1. Mar.	C VOC CKel	, hereby withdraw/resign as a
MGRM		
	(Print Tale)	
resignation in v	writing.	ne limited liability company has been notified of my
1	Dellim	
	Dissociating Member or Resig	
Filing Fee:	\$25.00 (Required)	
Centified Copy:	\$30.00 (Optional)	
		and the second of the second o

FF2E079(2000)