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(Requestor's Name)				
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	· #\		
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ACTIVE USA ONLINE ST	ORE LLC	
	(Name of L	imited Liability Company)	
The en	nclosed member, resignation or disso	ociation and fee(s) are submitted for filing.	
Please	return all correspondence concernin	g this matter to:	
ARTH	HUR MOTTA		
	(Contact Person)		
ACTI	VE USA ONLINE STORE LLC		
	(Firm/Company)		
6505	NW 2ND AVE		
	(Address)		
MIAM	/II FL 33150		
	(City/State and Zip Code)		
For fu	rther information concerning this ma	itter, please call:	
REN	ATO CAUCHIOLI	at (305) 494 4293	
	(Name of Contact Person)	(Area Code & Daytime Telephone Nun	nber)
		e to the Florida Department of State for: \$\square\$ \$\\$55\$ Filing Fee & Certified Copy	
Regist Division Clifton	CET/COURIER ADDRESS: tration Section on of Corporations n Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	S
	Executive Center Circle assee, Florida 32301	Tallahassee, Florida 323	14

CR2E079 (2/14)



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)

ACT	limited liability company as	• •	of the Florida Department		
of State is:	ument/registration number a		pility company is:		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/re	sign is:		
4. I,			, hereby withdraw/resign as a		
(Print N MANAGER	ame of Person Resigning)				
	(Print Title)				
of this limited lial resignation in wr	bility company and affirm thiting.	ne limited liability compar	ny has been notified of my		
Х	Musik				
Signature of Di	ssociating Member or Resig	ming Manager	2010 HA		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		HAR 31 P 12: 2		