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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ANTIKA USA LLC	
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Andrei Pshenichnikov	
(Contact Person)	
Antika USA LLC	
(Firm/Company)	
1221 Brickell Ave. Suite 1750	
(Address)	
Miami, FL 33131	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
	_ at ()(Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable of \$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as TIKA USA LLC	it appears on the records of the Florida Department
2. The Florida doc L1600010603	•	signed to this limited liability company is:
3. The date this m	ember/manager withdrew/resi	gned or will withdraw/resign is:
Lonar Cahir	01/	, hereby withdraw/resign as a
Member		
	(Print Title)	
of this limited li- resignation in w		e limited liability company has been notified of my
(;	w A	
Signature of D	Dissociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	