(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096 Phone : (407)745-1112 Fax Number : (407)641-8083

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: SILVIA@EXPATCONSULTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MFO SERVICES USA LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

- Page: 4 of 4

SUBJECT: MFO SERVICES USA 24C (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:

ANDRÉ RODMIGNES FERREINA
(Contact Person)

MFO STIZVICET USA LLC
(Firm/Company)

5089 SOUTHLAWN AVE

ONLANDO FL 32811 (City/State and Zip Gode)

For further information concerning this matter, please call:

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314





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 Stauntes)

L. The name of the	limited lia	ibility company as it:	ippears on t	he records of the Flor	ida Dep	partment
of State is: 17	FO	SERVICES	USA	220		
2. The Florida docu	ment/regi	stration number assig	ned to this l	imited liability comp	any is:	
21900	027	20798	·			
3. The date this mer	mber/man	nager withdrow/resign	ed or will w	/ithdraw/resign is: _Q	1/04,	12021
4.1. <u>A、リハビ (R</u> (Print No	ODA (G anno of Pers	an Resigning)	ς _π , hereby ν	vithdraw/resign as a		 : :
AMO	Bor					Ç.
·						
of this limited liab resignation in wri		pany and affirm the f	imited liabil	ity company has beer	r notifie	rd of my
			.>			
Signature of Di	ssociating	Member or Resignir	ig Manager			
Filing Fee:		(Required)				
Certified Copy:	\$30.00	0 (Optional)				