105000008550

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Otate) Zight Hotte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500198727415

03/24/11--01034--016 **25.00

11 MAR 24 PM 41: 10

D. BRUCE
MAR 25 2011
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: AQASPORTS, LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
CARLOS ARTURO NELSON	
(Contact Person)	
AQASPORTS, LLC	
(Firm/Company)	
2332 GALIANO STREET 2ND FLOOR	
(Address)	لل سا
CORAL GABLES, FL 33134	TILED
(City/State and Zip Code)	
For further information concerning this matter, please call:	
CARLOS ARTURO NELSON (Name of Contact Person) (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 \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as	it appears on the records	of the Florida Department
	pility company was organized FFLORIDA	l under the laws of:	
3. The Florida doc 	ument/registration number of	f this limited liability comp	pany is:
4. I. ALFREDO LOPEZ		, hereby resign as a _	MANAGER
(Print Name of Person Resigning)		,,	(Print Title)
of this limited lia resignation in wr	bility company and affirm the riting.	e limited liability company	y has been notified of my
Signature of Res	igning Member, Managing M	1ember or Manager	IALL.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		THAR 24 B