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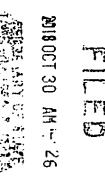
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Latam Nano-Advisors LLC		
	ited Liability C	ompany)
The enclosed member, resignation or dissociation	ation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to) :
Juan Carlos Riera		
(Contact Person)		_
International Compliance Solutions LLC		
(Firm/Company)		_
2000 Pone de Leon Boulevard, Suite 516	6A	
(Address)		_
Coral Gables, FL 33134		
(City/State and Zip Code)	, <u> </u>	_
For further information concerning this matte	r. please call	l:
Juan Carlos Riera	305	448-0014
(Name of Contact Person)	· \	le & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building		P.O. Box 6327

Tallahassee. Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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)

1. The name of the limited I	liability company as it ap	ppears on the records of the I	- Horida Depar	lment
of State is:	-Advisors LLC		ent L	
		ed to this limited liability co	mpan is any	-
3. The date this member/ma	nnager withdrew/resigned	d or will withdraw/resign is:		
4, I, Mauricio Sierra (Print Name of Person Resigning)		horoby with draw/maion as a ""	75 N	
(Print Name of Per	rson Resigning)	_ nereoy withdrawitesign as	Asset on	
Manager				
(Print Title	 ?)			
of this limited liability conresignation in writing.	mpany and affirm the fim	ited liability company has be	een notified o	fmy
Signature of Dissociatin	g Member or Resigning-	Manager		
	0 (Required) 0 (Optional)			