Division of Corporations

Note: Please paint this page and use ithis a Gover sheet. Type the fax audit number on the top and bottom of all orges of the document.

(((H21000185411 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Services

: (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I20140000082

: (305)644-9144

Fax Number : (786)477-5802

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIGHSEAS ENTERPRISE LLC

Certificate of Status	0
Certified Copy	Ü
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



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 liability compa	any as it appears on the records of the Florida Departr	nent
of State is:	>	2
	nber assigned to this limited liability company is:	CUZI BAT 10
3. The date this member/manager withdre GERALDO RODRIGUES 4. I.	barahy withdraw/region as a OII	PH 1: 32
4. 1,(Print Name of Person Resigning)		
AMBR		
(Print Title)		
resignation in writing.	firm the limited liability company has been notified of	fmy
Signature of Dissociating Member or	Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		