## L01000020629

(Requestor's Name)		
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Special instructions to I	Filing Officer:	
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C. LEWIS

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EXAMINER

## **COVER LETTER**

TO:

Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations		
SUBJECT: SOL PACKAGING USA 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:		
ALBERTO COHEN (Contact Person)		
(Firm/Company)		
5200 BLUE LAGOON # 700		
MIAMI FL 33126  (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (305) 447 4023 (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:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILEU

SCORETARY OF STATE

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:  LOLOGO 20629.
4. I, ALBERTO COHEN, hereby resign as a MEUBER (Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)