Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Doing so will generate another cover sheet.	<u> </u>
To:		(A) 1 (B) 24
	Division of Corporations Fax Number : (850)617-6383	
From:	Anam.sanz	
	Account Name : AVILA RODRIGUEZ HERNANDEZ	MENA - FERRI

**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 SOARES DA COSTA CS, LLC

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A. LUNT

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PLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

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	imited liability company as it	* *	is of the Florida	Departi	rient
of State is: SUA	RES DA COSTA CS, L	.LU	· -	<u> </u>	<u>-</u> i
				Children That have	***
2. The Florida d	ocument/registration	number of the l	imited liab	ility	compa
L030000195	70			, , ,	1
		<u></u> .		\$5	757
3. The date this	member withdrew or	will withdraw is	: January.7	2014	<u>.</u>
4. I. ANTONIO	MIRANDA ESTEVES	, hereby resign as	a MANAGE	₹	
(Print No	nne of Person Resigning)		(Print	Title)	
of this limited liab resignation in wri	ility company and affirm the ting.	limited liability com	pany has been n	otified a	f my
	Mulu				
Signature of Resi	gning or Dissociating	Manager, Member			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				