# 04000021911

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Fittine #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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ECRETARY OF STATE DIVISION OF CORPORATIONS
OF OF OF 15 PM 1: 05

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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Deriws LLC (Name of Limited Liabil)	ity Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member	r or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
TERNANDO HURINO (Name of Person)	
(Name of Person)  DERIWAX LLC	OF DEC 15
(Firm/Company)	5 PH 1: 05
(Address)	05
City/State and Zip Code)	
For further information concerning this matter, please cal	1:
TENNANDO MURLILO at (3) (Name of Person)	268 Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, FEDERICO DAD	_, hereby resign as _	MANOGER DIRECTOR		
of Deriwax LLC		······································		
(Limited Liabili	ity Company)			
a limited liability company organized under the law	ws of the State of	······································		
and affirm that the limited liability company has been notified in writing of the resignation.				
(Signature of resigning manager,	managing member or	: member)		
		SECRE DIVISION		

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314