(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nai	m e)
(Do	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
Resign		
	Office Use Or	nlv



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DOS UNIVERSAL, LLC	
(Name of Limited Li	ability Company)
The enclosed member, managing member or mana filing.	iger resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Mr. Sergio Lvov	
(Contact Person)	
ROS Universal, LLC	
(Firm/Company)	
18090 Collins Ave., Ste. T-22	
(Address)	
Sunny Isles Beach, FL 33160	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Howard S. Weinstein, Esq. at (305 932-7171
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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 Departme	ent
of State is: RO	S Universal, LLC	· · · · · · · · · · · · · · · · · · ·	<u>.</u> .
2. This limited liab State of Flo	ility company was organized orida	under the laws of:	
3. The Florida doct L05000042		f this limited liability company is:	
_{4. I,} Oscar Kup		, hereby resign as a Managing Membe	∍r
•	ame of Person Resigning)	(Print Title)	
		e limited liability company has been notified of n	ıy
resignation in wr	iting.		
	Charles		
Signature of Resi	gning Member, Managing N	fember or Manager	
,		_	무
· ·		07	OIVISION OF
Filing Fee:	\$25.00 (Required)	A Pr	오
Certified Copy:	\$30.00 (Optional)	07 MAK ZU	, भ
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AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR MANAGING MEMBER

STATE OF FLORIDA
COUNTY OF MIAMI-DAR

- I, Oscar Kuperman, after being duly sworn, states that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:
- I, Oscar Kuperman, hereby resign as Managing Member of ROS UNIVERSAL, LLC, a Limited Liability Co.;

That the Limited Liability Co. has been notified in writing of the resignation.

OSCAR KUPERMAN

Sworn and subscribed to before me this 13

دم day of

(خو20

NOTARY PUBLIC

My Commission Expires:

Howard Weinstein

MY COMMISSION # DD607744

PlotideNotery Service.com