L05000086863

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(====,,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it ap siones North America		Florida Department
2. This limited liabili Florida	ly company was organized und	ler the laws of:	28 Î DEC 27 SEGRETARY TALLAHASSE
3. The Florida docum L050000868	ent/registration number of this	limited liability company	PH I
4. I, Pedro Boj		, hereby resign <u>as a Mar</u>	ager
(Rrint Name of Person Resigning)			(Print Title)
résignation in writin	ity company and affirm the liming. ing Member, Managing Member		been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		