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| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to raining Officer. |
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SECRETARY OF STATE
TAIL ANASSEE FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Avctropic Global Name of Limited Liability Co | LLC mpany) |
| The enclosed member, managing member or manager resigning. | gnation and fee(s) are submitted for |
| Please return all correspondence concerning this matter to: | |
| Katharine Seraydin (Contact Person) | _ |
| Arctropic 6100al, LL | C |
| 300 S. Point Dr 10 | S |
| Miani Black Florida (City/State and Zip Code) | 33139 |
| For further information concerning this matter, please call: | |
| (Name of Contact Person) (Area Code | 200 1325 & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida \$25 Filing Fee | 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 |
| | |

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301





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 Department of State is:Archopic_Global,L | |
|---|---|
| 2. This limited liability company was organized under the laws of: + lovida | |
| 3. The Florida document/registration number of this limited liability company is: | U |
| Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required) | |

Certified Copy:

\$30.00 (Optional)