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SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: Vistas International Mexico LCC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Juan Ramon Perez-Cirera.
Ustas International Mexico LC.
Foo Brickell Loe soite 902.
Migure FL 33131. (City/State and Zip Code)
For further information concerning this matter, please call:
Juan Rever Crerc at (305) 3736001. (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 \text{Filing Fee} \text{\$55 \text{Filing Fee} & }\$

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it appears on the records of the Florida Department	
of State is:	Vistas International Mexico LIC	•
	ity company was organized under the laws of: OF IAC.	
	ment/registration number of this limited liability company is:)
4. I, English	ne of Person Resigning), hereby resign as a Wewser.	
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my	
Signature of Resign	ning Member, Managing Member or Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	