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EXAMINER

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Tallahassee, Florida 32301

CR2E079 (5/06)

TO:	Registration Section Division of Corporations		
SUBJ		onal Holding LLC	
The enfiling.	nclosed member, managing member or	manager resignation and fee(s) are submitted for	
Please	return all correspondence concerning	this matter to:	
Pana	agiotis Kechagias		
•	(Contact Person)		
Trans	s Atlantic International Holdi	ng LLC	
	(Firm/Company)	>	
3625	NW 82 AVE	ELAZ MA	
	(Address)	MAR 20 AFTARY	
Dora	I FL 33166		
	(City/State and Zip Code)		
For fur	rther information concerning this matt	er, please call:	
Pana	agiotis Kechagias	at (305) 9843746	
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclos	ted please find a check made payable t	o the Florida Department of State for: \$55 Filing Fee &	
	V was rining rec	Certified Copy	
	ET/COURIER ADDRESS:	MAILING ADDRESS:	
	ration Section	Registration Section	
	on of Corporations	Division of Corporations	
	Building	P.O. Box 6327	
2661 E	Executive Center Circle	Tallahassee, Florida 32314	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as as Atlantic Internation	= :	ls of the Florida Department
	ity company was organized ed Liability Company		
3. The Florida docum L060000812	nent/registration number of 270	this limited liability con	mpany is:
	ne of Person Resigning) lity company and affirm the	, hereby resign as a limited liability compa	(Print Title)
Willen	Solly		X
Signature of Resignature of Resignature Filing Fee: Certified Copy:	ning Member, Managing Me \$25.00 (Required) \$30.00 (Optional)	ember or Manager	FILED 12 MAR 20 MAR: 01 LANGUSEE FROM