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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	<u></u>
PICK-UP WAIT	MAIL
(Business Entity Name)	
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Willspra Import USA LLC		_
(Name of Limited	d Liability Company)	
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted	ed for
Please return all correspondence concerning thi	is matter to:	
Agata Sprague		
(Contact Person)		
Willspra Import USA, LLC		
(Firm/Company)	•	
37 Seven Pines Cr.		
(Address)		
Newnan, GA 30265		d. 2
(City/State and Zip Code)		
For further information concerning this matter,	please call:	2009 MAR I W AM IO: 5 SECRETARY OF STATE SECRETARY OF STATE
<u> </u>	_{t (} 678 ₎ 378-7511	SECTION A
(Name of Contact Person)	(Area Code & Daytime Telephone Number)gg ē
Enclosed please find a check made payable to the state of	he Florida Department of State for: \$55 Filing Fee & Certified Copy	5
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	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

	limited liability company as Ispra Import USA, LL	it appears on the records of the Florida Department C	
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida doct L0700002		f this limited liability company is:	
_{4. I,} Agata Spr	ague	, hereby resign as a	
	bility company and affirm th	e limited liability company has been notified of my	
Signature of Res	igning Member, Managing N	Member or Manager	
Signature of Res	ighting (Method), Managing N	ichiber of Wallager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:		BYMAR I WARY OF LAHASSEE, F	11