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(Requestor's Name)					
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PICK-UP \(\big \)	VAIT MAIL				
(Business E	ntity Name)				
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Certified Copies C	ertificates of Status				
Special Instructions to Filing Of	ficer				
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S. HAWKES

AUG 1 8 2009

EXAMINER

COVER LETTER

		Section Corporations					
SUBJECT:	DE	STRIBUIDA	ORA GI	ORGIO	USA	, 446	
		(Name o	of Limited Liab	oility Company)	•	
The enclosed filing.	l memb	er, managing memb	er or manag	er resignatio	on and fee	e(s) are sub	mitted for
Please return	all con	respondence concer	rning this ma	itter to:			
STEF	ANO	TAURCHINI	•				
		(Contact Person)					
D CAME S	SEMF	(Firm/Company)	EOSAN :	STA. MON	I CA	230 5	ATE ADRESS IN US NV 117TH 11-104 ROKE PINES FL
	•	(Address)					3025
e,	ARAC	AS - VENE	ZUELA				
	(City/State and Zip Code)	<u> </u>	·			
For further in STEFA	format	ion concerning this	58-414	y - 335 8 0	93		
HASSIA	40 Se	EGATTO	at (_ 9	54	593 30	29	
(Na	ame of C	Contact Person)	(Are	ea Code & Da	aytime Tel	lephone Nun	nber)
Enclosed plea		l a check made paya 5 Filing Fee	able to the F	∇ \$55 F		&	
STREET/CO	OURIE	R ADDRESS:		√ _{MA}	ILING A	ADDRESS:	
Registration S				Reg	istration S	Section	
Division of C	•	tions				Corporations	5
Clifton Build	Clifton Building P.O.				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

	limited liability company as		of the Florida Department
2. This limited liab	ility company was organized		
T	2124	<u>. </u>	•
	ument/registration number of	•	•
	SIO TAURCHINI Jame of Person Resigning)		
	bility company and affirm the		
	Mark		
Signature of Resi	gning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		. "