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TO:

CR2E079 (2/14)

Registration Section

Division of Corporations BUSINESS SYSTEMS SOLUTIONS INTERNATIONAL USA LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Alvaro Vega (Contact Person) **Business Systems Solutions International USA LLC** (Firm/Company) 14200 SW 52 STREET (Address) **MIAMI FL 33175** (City/State and Zip Code) For further information concerning this matter, please call: ALVARO VEGA (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section **Registration Section Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301



FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department SINESS SYSTEMS SOLUTIONS INTERNATIONAL USA LLC
	ument/registration number assigned to this limited liability company is:
L0700010721	4
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:
	DNANDEZ
4. 1,(Print)	, hereby withdraw/resign as a lame of Person Resigning)
Member & M	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)