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To:

Division of Corporations

Fax Number

; (850) 617-6383

From:

Account Name : AVILA RODRIGUEZ HERNANDEZ MENA &

Account Number : I20070000136 Phone : (305)779-3564

Fax Number : (305)779-3561

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: QSanz@aRhMf.coM

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LLC REGISTERED AGENT RESIGNATION SWISS WEALTH MANAGEMENT LLC

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C. LEWIS

JUN 1 0 2011

EXAMINER

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:	Swiss Wealth Name of Limit	lanagen	nent, LI	LC.	
DOCUMENT NUMBER:_		L080000			
The enclosed Resignation of for filing.	Registered Agent fo	r,a Limited	i Liabilit	y Company and	fee are submitted
Please return all corresponde	ence concerning this	matter to ti	he follow	ing:	
Ana	Sanz		•		
Name	of Person				
	porate Services, LL	.c			
	eon Blvd. Suite 122 dress	5	•		
Coral Gable City/State	es, FL. 33134 and Zip Code				
asanz@ E-mail address: (to be used i	•	otification)			
For further information conc	erning this matter, pl	ease call:			
Ana Sanz Name of Perso	on at (_	305 Area Code) & Daytin	779-3560 ne Telephone Nu	mber

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

JUN. 9. 2011 11:47AM HIIOOO153095 3

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 608.416(2) or 608.509, Florida Statutes, the undersigned,
Interamerican (orporate Services, LLC, hereby resigns as
	Registered Agent
Registered Agent for	Swiss Wealth Management, LLC
	Name of Limited Liability Company
L080000247	34
Document Number, i	nown
A copy of this resignation was	nailed to the above listed limited liability company at its last known address.
The agency is terminated and t	e office discontinued on the 31st day after the date on which this statement is filed.
	Signifize of Resigning Agent
If signing on behalf of an entity	
	Typed or Printed Name
 -	Capacity A A A A A A A A A A A A A A A A A A A
	SSSET
	FILING PRES.
	\$85.00 Active limited liability company \$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)