

(Re	equestor's Name)	
(Ac	ldress)	
. (Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
. (Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Resign		
0	Office Use Onl	y.

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE OF STATE OF STATE OF CORPORATION

COVER LETTER

Registration Section
Division of Corporations

TO:

	_
SUBJECT: ELBA INTERNATIONA (Name of Limited Liability Co	<u> </u>
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted fo
Please return all correspondence concerning this matter to	:
MARIO E. CONTRCRAS	<u> </u>
ELBA INTERNATIONAL MAN	UNGETIENT LLC
7500 pw 25st #	241
MIATILE 33127 (City/State and Zip Code)	_
For further information concerning this matter, please call	;
Name of Contact Person) at (305)	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

	A INTERNATIONAL PETIBROITE LLC.		
	cy company was organized under the laws of:		
	nent/registration number of this limited liability company is:		
(Print Nan	o FATTOLARI, hereby resign as a MEMBER/MA (Price Title) (Price Title)	NA	GER
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my	. 08	DIVISI
Signature of Resig	ning Member, Managing Member or Manager	08 APR 21 A	CRETARY OF COR
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	AM 9: 03	PORATIO