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COVER LETTER

Division of Corporations
SUBJECT: (Name of Limited Liability Company) ONLY AUSTRIAN RESPONDED LICENSES AUGUST LICENSES
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to: (Contact Person) (Contact Person)
Law Services P.A.
3126 Cord Was
(Address) (City/State and Zip Code)
For further information concerning this matter, please call:
Javier Bans Madrely 305, 519-5581
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee
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 (2/14)



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)

1. The name of the of State is:	limited liability company	as it app	ears on the rec	cords of the Flor Mes G	ida Department
	ment/registration number	assigned	I to this limite	-	any is:
4.1. Heinz Prini No MG	Print Title) pility dompany and affirm		hereby withdr	raw/resign as a	17 JUL 31 AM IT my Britised 49
Signature of D	established Member or Res	igning N	1anager		
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Ontional)				