L09 0000 564444

| (Requestor's Name) | | |
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| (Address) | | |
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| (Address) | | |
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| (City/State/Zip/Phone #) | | |
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| PICK-UP WAIT MAIL | | |
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| | | |
| (Business Entity Name) | | |
| • | | |
| (Document Number) | | |
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| Certified Copies Certificates of Status | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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WY LARRIS

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: ISEAD LLC (Name of Limited Liability) | Company |
| (Name of Limited Liability | Сопрану) |
| The enclosed member, resignation or dissociation and fe | ee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to: |
| CARLOS MAZO | |
| (Contact Person) | |
| PRIMA USA CORP | |
| (Firm/Company) | |
| 10750 NW 27TH ST | |
| (Address) | |
| DORAL, FL 3172 | |
| (City/State and Zip Code) | · · |
| For further information concerning this matter, please ca | all: |
| MARTA GARCIA 786 | 725-5767 |
| | ode & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florid \$25 Filing Fee \$55 Fi | la Department of State for: ling Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section Division of Corporations |
| Division of Corporations Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | 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 | limited liability company as it appears on the records of the | ne Florida Department | |
|--|---|------------------------------|------------|
| of State is: | tird LLC | | |
| 2. The Florida docu | ment/registration number assigned to this limited liability | company is: | |
| L09 | 000056444 | | |
| 4.1. 16NACIO | mber/manager withdrew/resigned or will withdraw/resign MADA HET IN COVERANCE withdraw/resign ame of Person Resigning) | is: Obly 31 St Vi | <i>517</i> |
| Momse | (Print Title) | | |
| of this limited lial resignation in wri | pility company and affirm the limited liability company hating. | as been notified of my | |
| hu | ر المسلم الم | , | 0.3 |
| Signature of Di | ssociating Member or Resigning Manager | 2-10 E1 2-2 mF | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | ASSEE FLORID | 13 PH 2: |