

209 000099671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

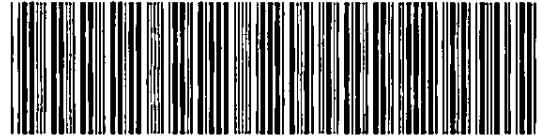
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000374375140

10/04/21--01011--016 \*\*55.00

Page 1 of 1 01/11/22

*gle*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NATAL AIR CONDITIONING 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:

Squib Schreiber

\_\_\_\_\_  
(Contact Person)

Natal Air Conditioning USA LLC

\_\_\_\_\_  
(Firm/Company)

503 S Dixie Highway East

\_\_\_\_\_  
(Address)

Pompano Beach FL 33060

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Squib

954 6953090  
at ( )

\_\_\_\_\_  
(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

☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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 Florida Department of State is: NATALAIR CONDITIONING USA LLC

2. The Florida document/registration number assigned to this limited liability company is:

L09000099671


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/24/2021

4. I, ANDRIES JACOBUS SCHREIBER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

8/24/2021 1:22