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ECRLIARY OF STATE

K. SALY EXAMINER NOV 1 9 2012

COVER LETTER

Division of Corporations
SUBJECT: The American Conup, LCC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Magdiel Fernande 2 (Contact Person)
The American Coroup, LLC (Firm/Company)
1326 715+ Street (Address)
Miam Beach, Fl 33141 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 980-031 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations

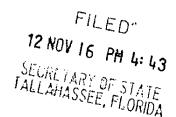
P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as		of the Florida Department
of State is: 7	the American	Group, LLC	. <u></u>
		7-7	
2. This limited liabi	ility company was organized	l under the laws of:	
Floride	Î	. •	
2. The Florida dean		fahia limitad liahilita aama	
	iment/registration number of	•	Jany 18:
L100000	058416	·	
_	• •		. 4.0
4.1, <u>licurdo</u>	Mclendez ame of Person Resigning)	, hereby resign as a _	NGRM
(Print N	ame of Person Resigning)		(Print Title)
	oility company and affirm th	e limited liability company	y has been notified of my
resignation in wri	iting.		
1/)	1/1 CM. 1		
./// /-	VY ///VS)	
Signature of Resi	gning Member, Managing N	Member or Manager	
		_	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		