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COVER LETTER

Division of Corporations	
SUBJECT: LUSTROUL ME (Name of Limite	TALS LLC d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
MATTEO SOLDATINI (Contact Person) LUSTROUS METALS (Firm/Company) 1001 BRICKELL BAY DRI (Address) 33131 MIAMI FLOM (City/State and Zip Code)	11 SEP -9 PM IN LE
(Name of Contact Person) Enclosed please find a check made payable to t \$25 Filing Fee STREET/COURIER ADDRESS:	t (186) 378 - 9252 (Area Code & Daytime Telephone Number) the Florida Department of State for: \$55 Filing Fee & Certified Copy MAILING ADDRESS:
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR211070 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company as it appears on the records of the Flo	orida Depa	rtment
of State is:	LUSTROUS METALS LLC	ال سند	•
2. This limited liab	ility company was organized under the laws of: FLORIDA	SECRETARY OF ALLAHASSEE. F	
	iment/registration number of this limited liability company is:	OF STATE E. FLORIDA	
4. 1, ROBERT (Print No.		Print Title)	
	pility company and affirm the limited liability company has bee		of my
Sign tyre of Resign	gning Menjoer, Managing Member or Manager		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		