## L11000054174

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400260725594

06/13/14--01010--001 \*\*25.00

TOWN 24 TH 2 SH

Bes/m82m 10 4.54,14

## **COVER LETTER**

	ation Section			
DIVISIO	n of Corporations			
SUBJECT: A	THENA BRAZIL USA, LLC			
	(Name of Limited	d Liability Con	pany)	
The enclosed m	nember, resignation or dissociation	on and fee(s	) are submitted for filing.	
Please return al	I correspondence concerning thi	s matter to:		
ALAN STEIN				
	(Contact Person)		-	
ALAN M. STEIN ACCOUNTING & TAX SERVICE, INC				
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	-	
3930 STATE	ROAD 64 EAST		_	
	(Address)		-	
BRADENTON	N, FL 34208			
	(City/State and Zip Code)		-	
For further information concerning this matter, please call:				
ALAN M. STE	<b>EIN</b> a	941 t (	749-5364	
(Nam	ne of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\sumset\$ \$\\$\\$25 \text{Filing Fee}\$\$\$ \$\sumset\$ \$\\$\\$55 \text{Filing Fee} & \text{Certified Copy}\$\$				
STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g e Center Circle		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	limited liability company as	s it appears on the records of the Florida Department
of State is: ATH	ENA BRAZIL USA, LLC	<del>.</del>
2. The Florida docu	ment/registration number a	ssigned to this limited liability company is:
L1100005617	<b>7</b> 4	,
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resign is:
4 I PAUL GAYD	os	hereby withdraw/resign as a
(Print No	ume of Person Resigning)	, hereby withdraw/resign as a
MGRM		
<del></del>	Print Title)	
resignation in wri	ting.	ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	gning Manager
/.		
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	