111000121791

(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:
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ZOIZ JAN 18 AH 8: 24
SECRETARY OF STATE
TALL AHASSEE

J. SAULSBERRY EXAMINER JAN 19 2012

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sylmar Investment US, LL	_C		
(Name of Limited I	Liability Company)		
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submit	tted for	
Please return all correspondence concerning this	matter to:		
Mark Chaves			
(Contact Person)			
Sylmar Investment US, LLC		TA: 2	
(Firm/Company)	•	OIZ SEG	
490 Sawgrass Corporate Parkway,	#200	2012 JAN 18 SECRETARY ALLAHASSE	
(Address)		mo.	
Sunrise, FL 33325		AR 8: DF STA .FLOR	
(City/State and Zip Code)		8: 54 STATE ORIDA	
For further information concerning this matter, p	lease call:		
Mark Chaves at (₍ 561 ₎ 367-1040		
(Name of Contact Person)	(Area Code & Daytime Telephone Number	er)	
Enclosed please find a check made payable to the			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	1	
LOUI DACCULIVO COIRCI CHOJO	1 ananasoce, 1 1011ua 222 14	T	

Tallahassee, Florida 32301

CR2E079 (5/06)



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 ap of State is: Sylmar Investment US, LLC			рерагия	 	
This limited liability company was organized undo Florida	er the laws of:		SECRUT	2012 JAN 18	7
3. The Florida document/registration number of this L11000121791	limited liability company is		ARY OF STA	118 AM 8:	
_{4. I,} Mark A. Chaves	, hereby resign as a Mana	ager	STATE	<u>5</u>	- 44,4
(Print Name of Person Resigning)	(Print Title)			<u> </u>	
of this limited liability company and affirm the lim resignation in writing.	ited liability company has b	oeen noti	fied of	my	

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)