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Special Instructions to	Filing Officer:			
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MINVEST USA LLC		
(Name of Limited Liabilit	y Company)	
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	r to:	
MICHELLE VON WALD		
(Contact Person)		
MINVEST USA LLC		
(Firm/Company)		
740 NW 24 Street		
(Address)		
Miami, FL 33127	— <b></b>	
(City/State and Zip Code)	SEC ALL	
For further information concerning this matter, please	call:	
MICHELLE VON WALD at (	640-5417 ext. 8004	
(Name of Contact Person) (Area	Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Flor  □ \$25 Filing Fee  □ \$55 F	a of managed	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Evecutive Center Circle	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

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)

	limited liability company as	it appears on the records o	of the Florida Department
	ument/registration number as	ssigned to this limited liabi	lity company is:
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	mber/manager withdrew/res		
$_{\scriptscriptstyle 4}$ , FREDERIC H	HENRY	hereby withdraw/res	sion as a
(Print N	HENRY  Same of Person Resigning)	, nereby withdrawites	ngn us u
MANAGER			
	(Print Title)		
of this limited lial resignation in wr	bility company and affirm the	e limited liability company	y has been notified of my  TALL  TALL
Signature of Di	ssociating Member or Resign	ning Manager	A A TO
	\$25.00 (Required) \$30.00 (Optional)	•	FILED 16 17 PH 2: 2 TARY OF STATE ASSEE, FLORID