## 42000049838

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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05/18/12--01002--004 \*\*25.00



D. BRUCE

MAY 21 2012

**EXAMINER** 

## **COVER LETTER**

Registration Section

TO:

Division of Corporations				
SUBJECT: Suprema Professiona	al USA LLC			
(Name of	f Limited Liability Com	pany)		
The enclosed member, managing member filing.	er or manager resign	nation and fee(s) are subn	nitted for	
Please return all correspondence concern	ning this matter to:			
Alex Rodrigues		•		
(Contact Person)		•		
Suprema Professional USA				
(Firm/Company)		•	AFC 75	
14365 sw 120st #105			ARE TO	
(Address)			SERY CO	
Miami, FL 33186			MAY IO MILL LO UNE TARY OF STATE LAHASSEE, FLORID	
(City/State and Zip Code)		•	TAIL DRICE	
For further information concerning this	matter, please call:		A COL	
Alex Rodrigues	at ( 954	<sub>)</sub> 850-6112		
(Name of Contact Person)	(Area Code	& Daytime Telephone Num	iber)	
Enclosed please find a check made paya \$25 Filing Fee		epartment of State for: 55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations	l .	
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314			

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as ema Professional US	s it appears on the records of the SA LLC	ne Florida Department
2. This limited liabil Florida	ity company was organized	d under the laws of:	
3. The Florida docur L120000498	_	f this limited liability company	y is:
4. I, Miguel Pach	eco	, hereby resign as a MG	SR .
	me of Person Resigning)	,ooy .oo.g.: as a	(Print Title)
resignation in writ	7 7	ne limited liability company ha	ns been notified of my  ALLAHASSEE  ARY  SEE  ARY  REPARY  REPARX  REP
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	3	OF STATE F. FLORIDA