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S. YOUNG

18 NOV 30 PH 6: 50 SECRITARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: A quaterva Brokerage, LCC (Name of Limited Liability Company)					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Nadiuska VII Chez (Contact Person)	SECRETA TALLAHAS	18 NOV 3	퓌		
(Firm/Company)	SEF.	30 F	LED		
1170 NE 1915 + A26 (Address)	FLORIDA	PH 6: 50	U		
Miami Fc 33179 (City/State and Zip Code)					
For further information concerning this matter, please call:		,			
Name of Contact Person) at (305) 776-0 (Area Code & Daytime Telephone Number)	7 _{per)} 2	34			
Enclosed please find a check made payable to the Florida Department of State for: \$\Boxed{\text{\$\subset}}\$ \\$\\$25 \text{Filing Fee & Certified Copy}\$					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	4				

CR2E079 (2/14)

Tallahassee, Florida 32301



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 it appears on the	e records of the Florida Department
of State is: Ag	uaterra Brokerage,	LLC
2. The Florida docu	ment/registration number assigned to this line 9 15 47 D# L 120 1	nited liability company is: 00060217 (EIN#80-0815146) hdraw/resign is: AUG 3044, 2018
3. The date this me	mber/manager withdrew/resigned or will wit	hdraw/resign is: Aug 30th, 2018
4.1. Dadius	$bc = 1 + (c \cdot b \cdot c)$	thdraw/resign as a
nember	Marsyll.	
of this limited lial resignation in wr	oility company and affirm the limited liability ting.	y company has been notified of my
Signature of Di	ssociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	FILED 18 NOV 30 PH SECRETANT OF STALLAHASSEE, FL
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CR2E079 (2/14)