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(Re	questor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations	
A & F Holdings US LLC	
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
FERNANDO MONTEIRO	
(Contact Person)	
(Firm/Company)	
19611 EAST OAKMONT DRIVE	TALLA SEGNI
(Address)	
MIAMI FLORIDA 33015	SEET.
(City/State and Zip Code)	
For further information concerning this matter, please ca	
FERNANDO 305	3085413
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee \$55 Fil	la Department of State for: ling Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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: A &	F HOLDINGS US LLC		
2. The Florida doc L1200006022	J	ssigned to this limited liabili	ity company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resig	gn is:
4. I, FERNANDO MONTEIRO (Print Name of Person Resigning)		, hereby withdraw/resi	gn as a
MEMBER			
	(Print Title)		
of this limited lia resignation in wr	• •	ne limited liability company	T5 SEP
Signature of D	issociating Member or Resig	ning Manager	TLED HERE, FLO SSEE, FLO
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		5: 37 A 1E ARIDA