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J. SAULSBERRY EXAMINER OCT 9 2010

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CONVERLOGIC ANERVORS LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	•
Please return all correspondence concerning this matter to:	
GABRIELA ARDILA (Contact Person)	
NEGOCIOS EN USA (Firm/Company)	
20/ S. Biscayne Blvd. Ste. 905))
MIAMI, FL 33 [3] (City/State and Zip Code)	
For further information concerning this matter, please call:	3
GABRILLA ARDILA at (786) 2727 100 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \frac{1}{2} \\$25 \text{ Filing Fee & Certified Copy}\$	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 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

1. The name of the of State is:	limited liability company as	it appears on the records	of the Flo	orida Dep	artment
2. This limited liab	ility company was organized	l under the laws of:		A The second sec	2013 OCT -7
	ment/registration number of	this limited liability com	ıpany is:		HH 9: 07
,	HERRERA ame of Person Resigning)	, hereby resign as a	MANG	YGCQ int Title)	
	pility company and affirm the ting.	e limited liability compar	,	,	l of my
Signature of Resi	gning Member, Managing M	lember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				