

L130000075794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

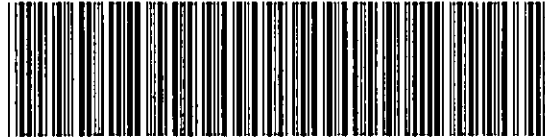
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 FEB -1 AM 7:06

O SIMMONS

MAR 16 2021

COVER LETTER

TO: Registration Section
Division of Corporations

THE INTERNATIONAL STUDENT COMPANY USA LLC

SUBJECT: _____
(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:

JEROME COSTA DOMINGUES

(Contact Person)

THE INTERNATIONAL STUDENT COMPANY USA LLC

(Firm/Company)

80 SW 8TH STREET SUITE 2000

(Address)

MIAMI FLORIDA 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

JEROME COSTA DOMINGUES

786

303 1343

_____ at (_____) _____

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2021 FEB -1 AM 7:06

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 records of the Florida Department
THE INTERNATIONAL STUDENT COMPANY USA LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L13000075794

01/01/2021

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
LOVE LESLIE COSTA DOMINGUES

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
MEMBER/ CO-OWNER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)