Division of Corporations 2 1300016296

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SECRETARY OF STATE TALLAHASSEE FORIDA



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)

The name of the Ilmited liability company a of State is:	is it appears on the records of the Florida Department
2. The Florida document/registration number:	assigned to this limited liability company is:
ADRIANA POMIN COSTA	ssigned or will withdraw/resign is:
(Prins Name of Person Resigning) MANAGER	, hereby withdraw/resign as a
(Print Title)	
of this limited liability company and affirm tresignation in writing.	the limited liability company has been notified of my
adriana P. Corta	
Signature of Dissociating Member or Resi	gning Manager