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To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : HUNTON & WILLIAMS
	Account Number : 12000000236
•	Phone : (305)810~2542
	Fax Number : (305)810~2460
	email address for this business entity to be used for future
annuai	. report mailings. Enter only one email address please.**
Email	Address:

	VERONA SURFA	ACES LLC	
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To: 7	Page 1 of 4	2015-07-10 14:34:08 EDT;	13058101625 From: Maria Lopez Martinez
	HUNTON& WILLIAMS		HUNTON & WILLIAMS LLP 1111 BRICKELL AVENUE SUITE 2500 MIAMI, FLORIDA 33131-1802 TEL 305-810-2500 FAX 305-810-2460
	TO FAX:	18506176383	
	FROM NAME:	María Lopez Martinez	

Good afternoon

Please find attached DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA LIMITED LIABILITY COMPANY for VERONA SURFACES LLC.

RECIPIENT: FLORIDA DEPARTMENT OF STATE - FLORIDA LIMITED LIABILITY CO.

Please contact me at (305) 536 - 2705 with any questions.

Thank you so much,

Maria Laura Lopez (305) 536 - 2705 Hunton & Williams LLP ភ J ILE! 10 P ÷ 0

IF PROBLEM WITH TRANSMISSION, PLEASE CONTACT THE SENDER

DATE/TIME:

2015-07-10 14:33:24 EDT

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To: Page 3 of 4

13058101625 From: Marla Lopez Martinez

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Verona Surfaces LLC

(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:

Uriel Mendieta

(Contact Person)

HUNTON & WILLIAMS LLP

(Firm/Company)

1111 BRICKELL AVE, SUITE 2500

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

 Uriel Mendleta
 at (305)
 536-2729

 (Name of Contact Person)
 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\Box\$ \$\\$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

MAILING ADDRESS:

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To: Page 4 of 4

13058101625 From: Maria Lopez Martinez

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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 of State is:

2. The Florida document/registration number assigned to this limited liability company is: L14000035559

2	The date this	member/manager	withdrew/resigned	or will withdraw/re	នាំខា នេះ
₹.	, The date dha	THOM POLYMANA POL	HILLING HILLOSIBILED	01 11111 1111101010110	

4. I. Investment Spain One Quartz, S.L.

(Print Name of Person Resigning)

Member and manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. INVESTMENT SPAIN ONE QUARTZ, 8.1.

_____, hereby withdraw/resign as a

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Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy: \$25,00 (Required) \$30.00 (Optional)

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