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	Registration Section	,	,
1	Division of Corporations		
SUBJE			
	(Name of Limi	ted Liability Con	npany)
The enc	losed member, resignation or dissocia	ition and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning t	his matter to:	
Stuart	M. Gold, Esq.		
	(Contact Person)		
Sax, W	/illinger & Gold		
	(Firm/Company)		_
5801 N	IW 151 St. Ste. 307		_
	(Address)		_
Miami	Lakes, FL 33014		
	(City/State and Zip Code)	<u> </u>	-
For furt	her information concerning this matte	r, please call:	
Stuart	M. Gold, Esq.	305 at (591-1040 Ext. 204
•	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	d please find a check made payable to Filing Fee		Department of State for: g Fee & Certified Copy
	T/COURIER ADDRESS:		MAILING ADDRESS:
_	ation Section of Corporations		Registration Section Division of Corporations
	Building		P.O. Box 6327
	Recutive Center Circle		Tallahassee, Florida 32314
Tallahas	ssee, Florida 32301		

CR2E079 (2/14)



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)

	e limited liability company as	it appears on the records of t	he Florida Department
	•	ssigned to this limited liabilit	y company is:
L1400003563	34 		<u>्</u> क्रि. ७ ७
	_	igned or will withdraw/resign	
4. I, Agenor M. Balieiro Netto		, hereby withdraw/resig	
MGR	Name of Person Resigning)		2: 26 Comb.
	(Print Title)		
of this limited lia resignation in w		ne limited liability company h	as been notified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		