L140000 75423

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Busiless Enuty Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
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| |

Office Use Only



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TATE PRINTED STATES

LCC Member Resign

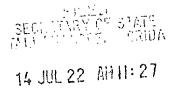
AUG 0 5 2014 T. CARTER

COVER LETTER

| Division of Corporations | | | |
|--|-----------------|---|--|
| SUBJECT: VIXCARGO, LLC | | | |
| (Name of Limited Liability Company) | | | |
| The enclosed member, resignation or dissociation | ation and fee(s | s) are submitted for filing. | |
| Please return all correspondence concerning | this matter to: | | |
| MARCOS SALVADOR | | | |
| (Contact Person) | | _ | |
| VIXCARGO, LLC | | | |
| (Firm/Company) | | _ | |
| 11009 NW 80TH LANE | | | |
| (Address) | | _ | |
| MIAMI, FL - 33178 | | | |
| (City/State and Zip Code) | | _ | |
| For further information concerning this matter, please call: | | | |
| MARCOS SALVADOR | 305 | 310-4014 | |
| (Name of Contact Person) | (Area Code | & Daytime Telephone Number) | |
| Enclosed please find a check made payable to \$25 Filing Fee | | Department of State for: g Fee & Certified Copy | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |

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)

| 1. The name of the of State is: VIX | c limited liability company as it appears on the records of the Florida Department CARGO, LLC |
|---|---|
| 2. The Florida doc L1400007542 | ument/registration number assigned to this limited liability company is: |
| 3. The date this mo | mber/manager withdrew/resigned or will withdraw/resign is: 7/16/2014 NCHIETA BORGES DA SILVA |
| 4. 1,(Print] | NCHIETA BORGES DA SILVA, hereby withdraw/resign as a Name of Person Resigning) |
| AP | |
| - | (Print Title) |
| of this limited lia resignation in w | ibility company and affirm the limited liability company has been notified of my riting. |
| Signature of D | issociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |