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## COVER LETTER -

Division of Corporations		
SUPER ICM LLC SUBJECT:		
	Limited Liability Co	ompany)
The enclosed member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to	<b>)</b> :
RICARDO GONZALEZ		
(Contact Person)		_
SUPER ICM LLC		
(Firm/Company)		_
525 COCONUT CIR		
(Address)	<b>-</b>	_
WESTON FL 33326		
(City/State and Zip Code)		- <del></del>
For further information concerning this ma	atter, please call	l:
RICARDO GONZALEZ	786 at (	351.7001
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO: Registration Section



## 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)

	limited liability company as it	appears on the records	of the Florida Department
	ument/registration number assi	igned to this limited liab	ility company is:
3. The date this mo	ember/manager withdrew/resig	ned or will withdraw/res	sign is:
4. I, LORENA GONZALEZ PADILLA , hereby withdraw/resign as a (Print Name of Person Resigning)			
MANAGING ME			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compan	21 JUN 29
Signature of D	ssociating Member or Resigni	ng Manager	PH 1: 19
	\$25.00 (Required) \$30.00 (Optional)		19