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SECRETARY OF STATE

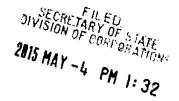
Beolms/15

COVER LETTER

-	ntion Section of Corporations			
SUBJECT: G	ENOA'S HEROESLLC			
	(Name of Limited Liability Company)			
The enclosed m	nember, resignation or dissociat	tion and fee(s) are submitted for filing.	
Please return al	l correspondence concerning th	nis matter to:		
STEPHEN MO	ORELLI			
	(Contact Person)	And the second s	-	
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	(Firm/Company)		-	
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• • • • • • • • • • • • • • • • • • • •	(Address)			
ORLANDO, F	L 32810			
	(City/State and Zip Code)		-	
For further info	ormation concerning this matter	: please call:		
STEPHEN M	ORELLI	407 at (341-8056	
(Nam	ne of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\begin{align*} \text{ \$\text{25} Filing Fee} \text{ \$\text{ \$\text{Certified Copy}} \end{align*}				
STREET/COU Registration Se Division of Col Clifton Buildin 2661 Executive Tallahassee, Flo	rporations g : Center Circle		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	limited liability company as	it appears on the records of the Florida Department
of State is:	IOA'S HEROES LLC	·
2. The Florida doci	ument/registration number as	signed to this limited liability company is:
L1500004602	4	
LEONARDO	SOUZA DA MATA	igned or will withdraw/resign is: APRIL 24, 2015
4. 1,(Print \(\)	iame of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
resignation in wr	iting.	e limited liability company has been notified of my
// Signature of D	issociating Member or Resig	ning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	