

L15000061975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L15-61975

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Dawer Drummond GAVE

AUTHORIZATION BY PHONE TO

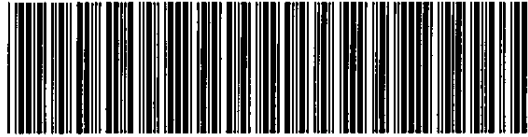
CORRECT File date must be 10/28

DATE 11/9/15

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wrong form

Office Use Only



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15 OCT 28 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 06 2015
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLO USA COMMERCIAL VENTURES, LLC d/b/a Candeias USA
(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:

MONTEIRO NETTO, MARIO N

(Contact Person)

Solo USA Commercial Ventures, LLC d/b/a Candeias

(Firm/Company)

7380 W. Sand Lake Road Suite # 500

(Address)

Orlando - Florida - 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

MONTEIRO NETTO, MARIO N

(Name of Contact Person)

at (305)

588-8932

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing 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

FILED
15 OCT 28 PM 5:09
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2015

MARIO N MONTEIRO NETTO
7380 W SAND LAKE ROAD
SUITE #500
ORLANDO, FL 32819

SUBJECT: SOLO USA COMMERCIAL VENTURES, LLC
Ref. Number: L15000061975

We have received your document for SOLO USA COMMERCIAL VENTURES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 515A00023084



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: SOLO USA COMMERCIAL VENTURES, LLC d/b/a Candeias USA

2. The Florida document/registration number assigned to this limited liability company is: L15000061975

3. The date this member/manager withdrew/resigned or will withdraw/resign is: OCT 28, 2015

4. I, DRUMMOND, DOWER W, hereby withdraw/resign as a
(Print Name of Person Resigning)

Secretary

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
15 OCT 28 PM 5:09
CLERK OF STATE
TALLAHASSEE, FLORIDA