L15000/09240

(Red	questor's Name)					
(Add	dress)					
(Add	dress)					
(City	y/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bus	siness Entity Name	e)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to f	Filing Officer:					
		:				

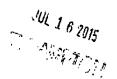




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15 JUL 15 MH II: 33
SECRETARY OF STATE
SECRETARY OF STATE



TO: Registration Section Division of Corporations
SUBJECT: U.S. ACQUISITIONS LLC (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:
DENNIS VISCONTI
(Contact Person)
U.S. ALQUISITIONS LLC
(Firm/Company)
8257 BREEZE COVELANE
(Audicos)
ORLANDO, FL 32819 (City/State and Zip Code)
For further information concerning this matter, please call:
$\frac{DENNIS ISCONTI = 407,758-5045 (CELL)}{\text{(Name of Contact Person)}} (Area Code & Daytime Telephone Number)}{407-704-1985 (HOME)}$
(Name of Contact Person) (Area Code & Daytime Telephone Number) 407 - 704 - 1985 (Home
Enclosed please find a check made payable to the Florida Department of State for:
\$25 Filing Fee

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314



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 compa-	ny as it appear	rs on the record	ds of the F	lorida Depa	rtment	
of State is:	, S. ACG	0151	TIDA	US_	11	<u></u>	
2. The Florida docu	ment/registration numb	ber assigned to	this limited li	ability cor	npany is:		
90027	1434878	39			(D)	,	/
DOLUMEN	T NUMBER	e = L /	30001	0924	14/1	ح/ ج	1015
3. The date this me	mber/manager withdrev	w/resigned or	will withdraw/	resign is:	0111		-015
4. 1, DENN	7434878 T NUMBER mber/manager withdrev S / IS CON ame of Person Resigning)	<u> </u>	reby withdraw	/resign as	a	/	
MAN	AGER	•					
	Print Title)						
of this limited liab resignation in wri	oility company and affii ting.	rm the limited	liability comp	any has be	en notified	of my	
	MIL						
	the state of the s	7					
Signature of Di	ssociating Member or F	Resigning Mar	nager				
					SE	5	
Filing Fee:	\$25.00 (Required)				Ĺ ACR	J	
Certified Copy:	\$30.00 (Optional)				E S	JUL 15	معروب التشاعات
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