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CT 0 3 2019

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>Coloballizes ALC</u> (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: RAMAZAN PATAL (Contact Person) Cilobaltexusa LLC (Firm/Company) 7245 NE 4th Ave Auto 105 MIAMI Floed 33338 (City/State and Zip Code) For further information concerning this matter, please call: Remarkan Patesat (796) 657-4423(Name of Contact Person)(Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy Ø\$\$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section **Registration Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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: Glubalter USA LLC

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

L 15 00 0140201 3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{12/31/2016}{21/2}$, hereby withdraw/resign as a

MANAGER	0
(Print Litle)	
of this limited liability company and affirm the limited liability company har resignation in writing.	is been notified of my
resignation in writing.	
A	

Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/E4)