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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BRUZA INTERNATIONAL, 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:
MARCOS PEREIRA (Contact Person)
COMPANY COMBO (Firm/Company)
8751 COMMODITY CR SUITE #5
ORLANDO, FL 32819
(City/State and Zip Code) For further information concerning this matter, please call:
MARCOS PEREIRA at (407) 434 0275 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 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

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	e limited liability o	ompany as it appears on the	records of the Flori	ida Depart	ment
of State is:	BRUZA	INTERNATIO	WAL, LLC		
2. The Florida doc	ument/registration	number assigned to this lim	nited liability compa	any is:	
L 1600	1011000				
3. The date this m	ember/manager wi	thdrew/resigned or will with	ndraw/resign is:)1/20	13016
4. I, SIDNEI T	ADEU MAGALE	IAES JUNIOR hereby wit		22 - 27 - 17 - 17 - 20 - 4 27 -	FEB 12
AMBR	(Print Title)	·			意识
	ibility company an	d affirm the limited liability	company has been		-
	My	1			
Signature of D	issociating Memb	er or Resigning Manager			
Filing Fee:	\$25 00 (Requi				
Certified Copy:	\$30'.00 (Optio	nal)			