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| (Requestor's Name) | |
|-----------------------------------------|---|
| (Address) | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | . |
| (Business Linky Harre) | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Status | ļ |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SUBJECT: Ander USA LLC (Name of Limited Liability Company) | |
| The enclosed member, resignation or dissociation and fee(s) are subm | nitted for filing. |
| Please return all correspondence concerning this matter to: | |
| Richard Payment (Contact Person) | |
| Auden USA LLC (Firm/Company) | |
| 424 & central Blvd, unit 175 | |
| Oclando TL. 32801 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| (Name of Contact Person) at (407) 408 (Area Code & Daytime | relephone Number) |
| Enclosed please find a check made payable to the Florida Department \$\oldsymbol{\Sigma}\$\$ \$25 Filing Fee \$\oldsymbol{\Colored}\$\$\$ \$Ce | |

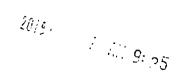
STREET/COURIER ADDRESS:

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 th | e limited liability company as it appears on the records of the Florida Department |
|-----------------------------------------|------------------------------------------------------------------------------------------|
| | |
| of State is: | Anden USA LLC |
| 2. The Florida doc | cument/registration number assigned to this limited liability company is: |
| L16 | 000004460 |
| 3. The date this m | ember/manager withdrew/resigned or will withdraw/resign is: $\frac{10/01/2019}{1}$ |
| | Name of Person Resigning). hereby withdraw/resign as a |
| | MGR. (Print Title) |
| of this limited li- resignation in w | ability company and affirm the limited liability company has been notified of my riting. |
| ÷ | 200 |
| Signature of D | Dissociating Member of Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| Certified Conv. | \$30.00 (Optional) |