

L1600007938
 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : CORP USA
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2017 MAY 19 PM 12:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 IWK USA IMPORTERS, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IWK USA IMPORTERS, 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:

STEFANO COZZA
(Contact Person)

IWK USA IMPORTERS, LLC
(Firm/Company)

4000 PONCE DE LEON BLVD - SUITE 470
(Address)

CORAL GABLES, FL 33148
(City/State and Zip Code)

For further information concerning this matter, please call:

SAMUEL A. RUBERT at (305) 791 4199
(Name of Contact Person) (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

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 limited liability company as it appears on the records of the Florida Department
of State is: IWK USA IMPORTERS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000007858

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/17/2017

4. I, CRISTIAN TOMBACCO, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

x Cristian Tombacco
Signature of Dissociating Member or Resigning Manager

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

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17 MAY 19 AM 9:25