

L16000149850

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PADRON AND ASSOCIATES INC.
Account Number : 120060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

RECEIVED

SEP 24 2018

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OPTISOURCE BRAZIL LLC

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SEP 25 2018

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18 SEP 24 AM 9:30
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTISOURCE BRAZIL 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:

RALPH PADRON

(Contact Person)

PADRON & ASSOCIATES, INC.

(Firm/Company)

2095 W 76TH ST

(Address)

HIALEAH, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

RALPH PADRON

(Name of Contact Person)

at 305 818-0404

(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



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: OPTISOURCE BRAZIL LLC ~~RADIANT FIRE, LLC~~

2. The Florida document/registration number assigned to this limited liability company is:
L16000149850

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/24/2018

4. I, MAIA MALUF, MARIA A, 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.

A handwritten signature in cursive script, appearing to read "Maria A. Maluf", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

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