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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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TAIL AND SECRETARY OF STATE AND AND SECRETARY OF STATE

D. SCOTT JAN 2 4 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Commodities Import 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 Saint-Phard (Contact Person)	
Commodities Import LLC (Firm/Company)	FILE SECTIONS THE SECTION OF
43 Half Crown Circle (Address)	RI 2 32
Ashland / MA 01721 (City/State and Zip Code)	32 100 100 100 100 100 100 100 100 100 10
For further information concerning this matter, please call:	
Ralph Saint-Phard at (347) 221 4804 (Name of Contact Person) (Area Code & Daytime Telephone Num	lber)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \frac{\times 55}{25}\$ Filing Fee & Certified Copy	

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

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	1
of State is: Commodities Import LLC.	
2. The Florida document/registration number assigned to this limited liability company is:	
L 16000 20 32 34	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{\omega l / \omega b / 2017}{2017}$	-
4. I, Print Name of Person Resigning), hereby withdraw/resign as a	
Member (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
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Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) & & & & & & & & & & & & & & & & & & &	