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(Requestor's Name) (Address)	600305219536		
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(City/State/Zip/Phone #)			
	11/14/1701011023 **25.00		
(Business Entity Name)			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	17 NOV 13 AH 7: 32 SEGNE TARY OF STALE TALLAHASSEE, FLORIDA		
Office Use Only			

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ADVANCE GROUP USA 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:

CAMILO A ROJAS

(Contact Person)

ADVANCE GROUP USA LLC

(Firm/Company)

13605 ERIDANUS DR

(Address)

ORLANDO, FL 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

CAMILO A ROJAS	407	325-9598
	at (_)
(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: FLORIDA

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2.	The Florida document/registration number assigne	d to this limited liability com	SECRETARY	17 NOV 13	6
3. 4.	The date this member/manager withdrew/resigned ALBERTO CAMILO ROJAS	or will withdraw/resign is:	ETTOF SIATE		F77; 1037
	(Print Name of Person Resigning)		≥ >		
	AMBR				

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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