## 116000228652

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Nar	ne)
(Document Number)	
Certified Copies Certificates	s of Status
Special Instructions to Filing Officer:	
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## **COVER LETTER**

	egistration Section vivision of Corporations				
D	TVISION OF COTPORATIONS				
SUBJEC	ADVANCE GROUP USA LI	_C			
3020	(Name of Lim	(Name of Limited Liability Company)			
The enclo	osed member, resignation or dissoci	iation and fee(s)	are submitted for filing.		
Please re	turn all correspondence concerning	this matter to:			
CAMILO	O A ROJAS				
	(Contact Person)		•		
ADVAN	CE GROUP USA LLC				
	(Firm/Company)		•		
13605 E	ERIDANUS DR				
	(Address)				
ORLAN	DO, FL 32828				
	(City/State and Zip Code)	-			
For furth	er information concerning this matt	er, please call:			
CAMILO	O A ROJAS	407 _ at (	325-9598		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
	please find a check made payable tiling Fee		epartment of State for: Fee & Certified Copy		
Registrat Division Clifton B 2661 Exe	f/COURIER ADDRESS: ion Section of Corporations duilding ecutive Center Circle see, 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 of State is:		it appears on the records of the	Florida	Department
2. The Florida doc L1600022865	ument/registration number as:	signed to this limited liability co	ompany	'is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is, hereby withdraw/resign a	: <u>11/01</u> s a	1/2017 
AMBR			- -	64.9 94
of this limited lia resignation in wr		e limited liability company has	been no	tified of my
Signature of D	eccliprique de 19 issociating Member or Resign	oing Manager		
~	\$25.00 (Required) \$30.00 (Optional)			