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(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
<u>_</u>	_	<u></u>
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ıment Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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FALLAHASSEE, FLORIDA

2018 MAR 14 PM 1

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Powered By US FOR YO (Name of Limited Liability	OU & FRIENDS LLC
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to:
Cielo SALAZAN (Contact Person)	
Colombian Products (Firm/Company)	
11301 South O.B. T Suite A	107
ORLANDO FL 32837 (City/State and Zip Code)	
For further information concerning this matter, please	call:
(Name of Contact Person) at (40)	7) 856-4272 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor	code & Daytime Telephone Number)
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 a	s it appears on the records of the Florida Department
of State is: PowerED By US F	OR YOU & FRIENDS LLC.
2. The Florida document/registration number a	ssigned to this limited liability company is:
L17000020039	
3. The date this member/manager withdrew/re	signed or will withdraw/resign is: 1/11/18
4. I, Guiller HO TAMAYO (Print Name of Person Resigning)	, hereby withdraw/resign as a
(Print Name of Person Resigning)	20 AL
MGR (MANAGER) (Print Title)	CORE LAHA
· ·	SS:
of this limited liability company and affirm t resignation in writing.	he limited liability company has been notified of my
Guillermo TAMAYO	1:06
Signature of Dissociating Member or Resi	gning Manager
Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Ontional)	