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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Ibero-American Holdings LLC (Name of Limited Liability Company)
(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:
Isage Cohen (Contact Person)
I bero-American Holdings (Firm/Company)
2800 island blvd. apt #1503
Aventura FL 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
I Sage Cohen at (786) 942-0333 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \text{\$\text{\$\text{\$\text{Filing Fee}}} \text{ \$\text{\$\text{\$\text{\$\$}}\$} \text{\$\text{\$\text{\$\$}}\$} \text{\$\text{\$\text{\$\$}}\$} \text{\$\text{\$\$\text{\$\$}\$}\$} \text{\$\text{\$\$\text{\$\$\text{\$\$}\$}\$} \text{\$\text{\$\$\text{\$\$}\$}\$} \text{\$\text{\$\$\text{\$\$\text{\$\$}\$}\$} \text{\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$}\$}\$}} \$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\t
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301





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:	BERO-AMERICAN HOLDINGS LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
L17000	037290
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 06/10/2014
4. ISo	hereby withdraw/resign as a
A	MBR (Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)