L/7000125323

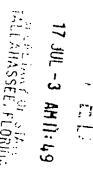
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Reg	istration Section			
Divi	sion of Corporations			
SUBJECT:	SO NICE IMPORT & EXPORT LLC (Name of Limited Liability Company)			
The enclose	ed member, resignation or disso	eiation and fee(s	are submitted for filing.	
Please retur	n all correspondence concernin	g this matter to:		
ROLANDO	O M SOUSA			
	(Contact Person)		_	
SO NICE	IMPORT & EXPORT LLC			
	(Firm/Company)		_	
7270 NW	114 AVE #105			
	(Address)	•	_	
DORAL FI	L 33178			
	(City/State and Zip Code)		-	
For further	information concerning this ma	itter, please call:		
ROLANDO	O M SOUSA	786	663-3154	
(:	Name of Contact Person)		& Daytime Telephone Number)	
Enclosed pl	ease find a check made payable ng Fee		Department of State for: g Fee & Certified Copy	
Registration Division of Clifton Buil 2661 Execu	Corporations		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: SO	NICE IMPORT & EXPOR	RT LLC
2. The Florida does L1700012532	-	assigned to this limited liability company is:
	_	esigned or will withdraw/resign is:
(Print N	iame of Person Resigning)	ASS.
AMBR		m- w
	(Print Title)	FLO IT
of this limited lia resignation in wr		the limited liability company has the inditied of my
J.A		
Signature of D	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	