Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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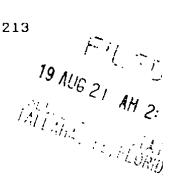
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COVER LETTER

TO:		tion Section of Corporations				
CUDI	SASIBRAMM USA LLC					
2003	ECI:	(Name of	imited Lis	ibility Cor	прилу)	
The e	nclosed m	ember, resignation or diss	ociation	and fee(s	s) are submitted for filing.	
Please	return all	correspondence concerni	ng this m	atter to:		
		STEPHANIE CASTRO)			
<u></u>		(Contact Person)			_	
	ACCC	OUNT BOOKKEEPING	CORP			
	, _ , _ , _ , _ , _ , _ , _ , _ , _ , _	(Firm/Company)				
	530	1 CONROY RD, STE 1	40			
		(Address)				
	(ORLANDO, FL 32811				
		(City/State and Zip Code)				
For fi	ırther info	rmation concerning this m	atter, ple	ase call:		
	STEP	HANIE CASTRO	at (407	898 - 1757 	
	(Nam	e of Contact Person)	(2	Area Code	e & Daytime Telephone Number)	
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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 ap of State is:SASIBRAMM USA	opears on the records of the Florida Department A LLC
2. The Florida document/registration number assign L17000230874	
3. The date this member/manager withdrew/resigne 4. I,	d or will withdraw/resign is: 04/30/2019 , hereby withdraw/resign as a
(Print Name of Person Resigning) MANAGER (Print Title)	
of this limited liability company and affirm the linguistic resignation in writing. Signaphy of Dissociating Member or Resignin	· · · · · · · · · · · · · · · · · · ·
Signature of Bissoning	

CR2E079 (2/14)