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COVER LETTER

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Tallahassee, Florida 32301

CR2E079 (2/14)

INBIOBRI USA LLC (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: FABBIANI, FABIO L (Contact Person) INBIOBRI USA LLC (Firm/Company) 3200 NW 125TH WAY (Address) SUNRISE, FL 33323 (City/State and Zip Code) For further information concerning this matter, please call: Morella Salazar (Name of Contact Person) (Name of Contact Person) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee S55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327	TO: Registration Section Division of Corporations			
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For further information concerning this matter, please call: Morella Salazar	3200 NW 125TH WAY		HASS	ու 51
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166 Layontturo Contor Cirolo Lallonossoa Elorido (1719)	Clifton Building		P.O. Box 6327 Tallahassee, Florida 32314	



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)

The name of the limited liability company as it of State is: INBIOBRI USA LLC	it appears on the records of the Florida Department
2. The Florida document/registration number ass L18000048982	signed to this limited liability company is:
3. The date this member/manager withdrew/resig	07/17/2018 gned or will withdraw/resign is:
4. I, FABBIANI GUEVARA, FABRICIO J (Print Name of Person Resigning)	-
MGR	
of this limited liability company and affirm the resignation in writing. Signature of Dissociating Member or Resigni	07 23 ZO 18

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)