4/30/24, 4:37 PM

Division of Corporations



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(((H24000157779 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096 : (407)745-1112 Phon**e** Fax Number : (407)641-8083

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

Email Address: SILVIA@EXPATCONSULTING.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN U.S. CONSUMER BUYING SERVICES LLC

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## **COVER LETTER**

TO:	-		on Section f Corporations	;		
SUBJ	ECT:	U.S	. CONSUME	R BUYING S	ERVICES	LLC
				(Name of Limit	ed Liability Co	mpany)
The en	iclosed	l men	nber, resignation	on or dissocia	tion and fee(	s) are submitted for filing.
Please	return	all c	orrespondence	concerning th	is matter to:	
NILTO	ON FF	REGN	NI			
			(Contact Per	son)		<u></u>
EXPA	AT CO	NSU	ILTING COR	Р		
-			(Firm/Compa	any)		_
8615	СОМ	MOD	ITY CIR, STI	E 11		
			(Address)			_
ORLA	ANDO	- FL	- 32819			
			(City/State and Z	'ip Code)		<del></del>
For fu	rther i	nform	nation concern	ing this matter	, please call	:
NILTO	ON FF	REGN	NI		407 at (	745.1112
	(N	ame o	f Contact Perso		(Area Cod	e & Daytime Telephone Number)
Enclos \$25	•		nd a check ma			Department of State for: g Fee & Certified Copy
			IER ADDRE	SS:		MAILING ADDRESS:
Regist						Registration Section Division of Corporations
Cliftor			rations			P.O. Box 6327
		_	enter Circle			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: U.S.	CONSUMER BUYING SERVICES LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L18000077956	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	PRREA DA COSTA, RENATO hereby withdraw/resign as a more of Person Resigning)
(Print No	ome of Person Resigning)
DIRECTOR	
	Print Title,
of this limited liab resignation in wri	ility company and affirm the limited liability company has been notified of my
	- Lefter 16
Signature of Dis	sociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

CR2F079 (2/14)

