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COVER LETTER

TO: Registration Section Division of Corporations

. 1

SUBJECT: Virginia Distributors 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:

Maria Echeverri

٩,

(Contact Person)

Virginia Distributors USA LLC

(Firm/Company)

18520 NW 67th Ave Suite 245

(Address)

Miami, Fl 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

Olga diaz (Name of Contact Person) at (_____) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\Box\$ \$\\$25 Filing Fee & Certified Copy
\$\Box\$ \$\\$55 Filing Fee & Certified Copy
\$

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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)

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1.	. The name of the limited liability company as it appears on the records of the Fl	orida [Department
	of State is:		

- 2. The Florida document/registration number assigned to this limited liability company is: L18000128396
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
- Jonathan Morales

4. I, ______, hereby withdraw/resign as a ______, hereby withdraw/resign as a

Manager

(Print Title)

of this limited liability company and offirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) \$30.00 (Optional) Certified Copy: