Erivision of Corporations

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:				UNITED SERVIC	F<		
	Account Name Account Number	: ACCTSMART INC D.	S.A. AVIERS ACCO	OM 1 1140 3 2 1/4 2 /			
	Phone	: (305)820-3208					
		: (305)320-2998			20		
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Corporate Filing Monu

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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 appear	ars on the records of the Florida	Depar	. <u>∰</u> nt	
of State is: MONEY MUKEE USA 1	ajan G	<u> </u>	AVH (<u> </u>
2. The Florida document/registration number assigned			FILED	:::: ::::::
L1000004184	<i>y</i>		AM 93	
3. The date this member/manager withdrew/resigned o	r will withdraw/resign is:	-6/	<u> </u>	
4.1, 4 Ud je. 1 Derez , t	nereby withdraw/resign as a			
(Prin Title)				
of this limited liability company and affirm the limite resignation in writing.		otified	of ray	
Signature of Dissociating Member or Resigning M	lanager			
Filing Fee: 525.00 (Required) Certified Copy: 530.00 (Optional)		a	1 ASST .	
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