

4/26/21

Division of Corporations

LR000094685

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEADER ASSOCIATES LLC
Account Number : I20180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

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

Email Address: _____

2021 APR 27 AM 10:40

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARREY GLOBAL USA LLC

FILED
21 APR 27 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
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Page Count	02
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARREY GLOBAL 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:

ABEL FIOROT LOUREIRO
(Contact Person)

BOOKSLY LLC
(Firm/Company)

6919 SW 18TH ST. SUITE 222
(Address)

BOCA RATON, FL 33433
(City/State and Zip Code)

For further information concerning this matter, please call:

ABEL FIOROT LOUREIRO at (203) 360-8690
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

MailingAddress:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)

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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 appears on the records of the Florida Department of State is: ARREY GLOBAL USA LLC
2. The Florida document/registration number assigned to this limited liability company is: L19000094683
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/08/2021
4. I, MA TREUS COSTA, hereby withdraw/resign as a
(Print Name of Person Resigning)
MGR
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

CR28079 (2/14)

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21 APR 27 PM 1:19
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 TALLAHASSEE, FLORIDA

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