## L19000101623

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(Ad	dress)	<del></del>
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## **COVER LETTER**

TO: Re	gistration Section		
Ďi	vision of Corporations		
SUBJEC <sup>*</sup>			
	(Name of	f Limited Liability Co	mpany)
The enclo	sed member, resignation or dis	ssociation and fee(	s) are submitted for filing.
Please reti	urn all correspondence concerr	ning this matter to:	
Trisha Geor	rge		
<del></del> -	(Contact Person)		<del>-</del>
Extrusiones	Metalicas USA, LLC		
	(Firm/Company)		_
8803 Stillw	aters Landing Drive		
	(Address)	-	<del></del>
Riverview,	FL 33578		
	(City/State and Zip Code)		<del>-</del>
For furthe	r information concerning this r	matter, please call:	:
Trisha Geor	rge	813 at (	277-4066
	(Name of Contact Person)	<del></del>	e & Daytime Telephone Number)
Enclosed :	please find a check made paya	ble to the Florida i	Department of State for:
■ \$25 Fil	·		g Fee & Certified Copy
	ailing Address:		Street Address:
	gistration Section		Registration Section
	vision of Corporations  O. Box 6327		Division of Corporations
	J. Box 6327 Ilahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 4	Hallassee, 1 L 32314		Tallahassee, FL 32303

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)

1. The name of the	e limited liability company as it appears on the records of the Florida Department
of State is:	usiones Metalicas USA, LLC
2. The Florida doc L19000101623	cument/registration number assigned to this limited liability company is:
<del></del>	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	, hereby withdraw/resign as a Name of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
	Sh
Signature of D	vissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30.00 (Optional)