

L19000116233

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000300036 3)))



H210003000363ABCP

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
Phone : (407)745-1112
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
POLIMETRICA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2021 AUG -9 PM 2:40
JULIENNA L. JACOB
TALLAHASSEE, FLORIDA

RECEIVED
2021 AUG -9 AM 9:57
JULIENNA L. JACOB
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLIMETRICA 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:

Sivlia Fregni

(Contact Person)

Expat Consulting Corp

(Firm/Company)

8615 Commodity Circle, St.11

(Address)

Orlando - FL - 32.819

(City/State and Zip Code)

For further information concerning this matter, please call:

Silvia Fregni

at (407) 745.1112

(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

DocuSign Envelope ID: BB5EA36D-78C7-467E-A431-EA197AE81DAB

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: POLIMETRICA LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000116233

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/10/2021

4. I, PEREIRA REIS, SIDNEY, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR*(Print Title)*

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

DocuSigned by:
X SIDNEY PEREIRA REIS

Signature of Dissociating Member or Resigning ManagerSEBASTIAN
TALLAHASSEE, FLORIDA

2021 AUG - 9 AM 9:57

FILED