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(Re	equestor's Name)					
(Ád	ldress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phone					
PICK-UP	☐ WAIT	MAIL				
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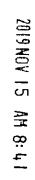


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MSS/Resign membresign



COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: CUSTACC UC (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:
Marcos R Fernandez (Contact Person)
(Firm/Company)
(Fillip Company)
19731 NE 13TH Count
(Address) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma\$ \$25 \text{ Filing Fee} \$\sigma\$ \$\$ \$\sigma\$ \$55 \text{ Filing Fee} \$\sigma\$ \$\$\$ \$\sigma\$ \$\$\$

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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	s it appo	ears on the	records of t	he Flori	da Dep	artme	nt
of State is:	ISMARC U.C.						<u> </u>	_ ·
2. The Florida docu	ment/registration number a	assigned	to this lim	ited liabilit	y compa	iny is:		
	0016 4930							
3. The date this men	mber/manager withdrew/re	esigned o	or will with	draw/resign	n is: <u>0</u>	9/20	Alc	<u>1</u>
11 MARCOS (L. Felward CZ ame of Person Resigning)	,	hereby wit	hdraw/resig	n as a			
TYNAG	e f Print Title)							
resignation in wri	ting.			company h	nas been			
Filing Fee: Certified Copy:	\$25.00 (Required)	.s 5	Č			2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2019 NOV 15	· · ·
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