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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : 120190000096 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 COMPLEX SERVICES USA LLC

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From: EXPAT CONSULTING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPLEX SERVICES USA 22C.
(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:

Complex Services USA LLC
(Firm/Company)

7664 SUGAR BEND DR.

ON LANDO FL 32819
(City/State and Zin Code)

For further information concerning this matter, please call:

(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

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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, Plorida Statutes)

1. The name of the lin	nited liability co	mpany as it ap	pears on th	e records of	the Florida	Department
of State is: CC	OMPLEX	Sanvi	car	USA	2.20	g grandet man d. A. de debute . a . v
2. The Florida docum	ent/registration (number assigne	ed to this li	mited liabili	ty company	ris:
41900	02572	87	.•			
3. The date this memb	ber/manager wit	adrew/resigned	l or will wi	uhdraw/resig	m is: <u>01/</u>	104/2021
4.1. ANDRE		J FERRE				
AMBA	ini Title)					
of this limited liabil resignation in writing		l affirm the lim	iired fiabilii	ly company	has been no	otified of my
					2. Z	202
Signature of Diss	ociating Membe	r or Resigning	Manager		-	JAN
Filing Feet Certified Copy:	\$25.00 (Requir \$30.00 (Option				TALL MASSEL FL	2021 JAN 27 ALL