## 1200000 16144

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Resignation

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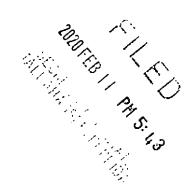
## **COVER LETTER**

TO:	-	stration Section ion of Corporations		
SUBJI		FERRETERIA METROPOLITANA DE (Name of Limiteo		
		·	•	
The en	closed	I member, resignation or dissociati	on and fee(s	s) are submitted for filing.
Please	return	all correspondence concerning thi	s matter to:	
NEIMA	RY C	ARTEAGA		
		(Contact Person)		_
FERRE	TERIA	METROPOLITANA DEL SUR, C.A. LI	LC	
		(Firm/Company)		_
8837 BI	RENNA	AN CIR APT 106		
		(Address)		_
ТАМРА	A, FL 3	3615		
		(City/State and Zip Code)		_
For fur	rther in	nformation concerning this matter,	please call:	
NEIMA	ARY C	ARTEAGA a	813 t (	900-0152
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclos	_	ase find a check made payable to t g Fee   [		Department of State for: g Fee & Certified Copy
	Regis Divis P.O. I	ng Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

EEE	e limited liability company as it appears on the records of the Florida Department REFERIA METOPOLITANA DEL SUR, C.A. LLC
of State is:	THE TENTA METOT CENTAINA DEL SON, C.A. ELC
2. The Florida doc L20000016744	ument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
, ANTONIO AR	
	Name of Person Resigning)
MGR	·
	(Print Title)
of this limited lia resignation in wi	ibility company and affirm the limited liability company has been notified of my riting.
Ay	tease.
Signature of D	issociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)