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COVER LETTER

Division of Corporatio	ns	
SUBJECT: K	AVA GOULMET (Name of Limited Liability)	USA U.C.
The enclosed member, resigna	tion or dissociation and f	ee(s) are submitted for filing.
Please return all corresponden	ce concerning this matter	to:
(Contact P	ARTNEZ (crson)	
LAVA GWE	MET USA U	<u></u>
812 GARNE	r CIR	
(Addres	s)	
WESTON P	し <u> </u>	
For further information concer		all:
Name of Contact Per	son) at (<u>961</u>	ode & Daytime Telephone Number)
Enclosed please find a check n \$\sim 25 \text{Filing Fee}		la Department of State for: ling Fee & Certified Copy
Mailing Address: Registration Section Division of Corporation P.O. Box 6327	ns	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

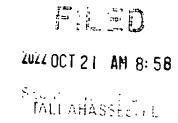
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 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 lia	bility company as it ap	pears on the	records of the Florida Department
of State is: VAVA	quemet	USA	uc
2. The Florida document/regi	stration number assigne	ed to this lin	nited liability company is:
L 20000 18	3427		
3. The date this member/man	iger withdrew/resigned	l or will with	ndraw/resign is: 05 125 [202
4. I. MACIEVA W (Print Name of Person	n Resigning)	, hereby wit	hdraw/resign as a
MANA9E			
of this limited liability compresignation in writing.	oany and affirm the lim	ited liability	company has been notified of my
Signature of Dissociating	Member or Resigning	Manager	
Filing Fee: \$25.00 Certified Copy: \$30.00			