121000231086

(Requestor's Name)	_			
(Address)	_			
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)	_			
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:	٦			
Special instructions to Filling Officer.				

Office Use Only



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09/00/2021 TH



COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	SLS DISTRIBUTION USA, LLC		
	(Name of Li	mited Liability Cor	mpany)
The enclose	d member, resignation or disso	ciation and fee(s	s) are submitted for filing.
Please retur	n all correspondence concerning	g this matter to:	
JORGE CAM	ELO		
	(Contact Person)		
 ;	(Firm/Company)		_
2304 SW 126	AVE		
	(Address)		_
MIRAMAR I	FL 33027		
	(City/State and Zip Code)	·	_
For further	information concerning this ma	tter, please call:	:
JORGE CAM	IELO	954 at (643 2018
(1	Name of Contact Person)		e & Daytime Telephone Number)
Enclosed pl	lease find a check made payableng Fee		Department of State for: 1g Fee & Certified Copy
Reg Div P.O	ling Address: distration Section dision of Corporations dispersion Box 6327 dispersion Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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 Departmen
of State is: SLS	DISTRIBUTION USA, LLC
2. The Florida doc L21000231086	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: 07/19/2021
4. I.	OGISTIC SERVICES ADUANAS SAS hereby withdraw/resign as a same of Person Resigning)
(Print)	same of Person Resigning)
MGR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
2	
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)
Certified Copy:	\$30.00 (Optional)