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SECRETARY OF STATE ONLY OF CORPORATIONS

COVER LETTER

TO:

TO: Registration Section Division of Corporations		
SUBJECT: Latin Portfolio LLC (Name of Foreign Limited Liability Company)		
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Business Filings Incorporated (Name of Person)		
Business Filings Incorporated (Firm/Company)		
108 West 13th Street (Address)		
Wilmington, DE 19801 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Business Filings Incorporated at (800) 981-7183		
(Name of Person) (Area Code & Daytime Telephone Number)		
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 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
S25 Filing Fee Scrifficate of Status S55 Filing Fee Scrifficate of Status Certified Copy S60 Filing Fee, Certified Copy Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Latin Portfolio LLC
(Name of limited liability company)
State of Delaware
(Jurisdiction of its organization)
M0900004703
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
108 West 13th Street
(Mailing address)
Wilmington, DE 19801
(City/State/Zip)
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its maling address.
(Signature of member or authorized representative of a member)
Guillermo Carhpos (Typed on printed pages of circus)
(Typed or printed name of signee)

Filing Fee: \$25.00