

M17000006141

(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:

Office Use Only



600302876966

08/25/17--01022--027 \*\*25.00

FILED  
17 AUG 25 AM 11:14  
CLERK OF COURT  
JUDICIAL CIRCUIT IN FLORIDA

S. WARREN

AUG 29 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRADIER USA LLC  
(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:

JUAN P JIMENEZ  
(Contact Person)

GRADIER USA LLC  
(Firm/Company)

18230 COLLINS AVE  
(Address)

SUNNY ISLES BEACH, FL 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN P JIMENEZ at ( 305 ) 301 - 5565  
(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  
Tallahassee, Florida 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 liability company as it appears on the records of the Florida Department of State is: GRANIER USA LLC

2. The Florida document/registration number assigned to this limited liability company is:

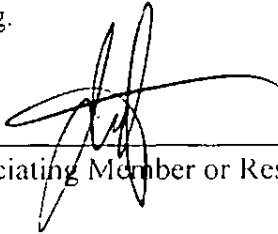
M17000006141

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/18/17

4. I, JUAN PABLO ROMERO, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER AS  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
17 AUG 25 AM 11:14  
TALLAHASSEE, FLORIDA