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SECHETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Porporations
SUBJECT: S'Ky Latin America, LLC (Name of Foreign Limited Liability Company)
(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:
Michael Hartman (Name of Person)
Michael Hafiman (Name of Person) Direct V Latin America, LLC (Firm/Company) 12-11 Avenue OF The Americas 6th FL.
1211 Avenue OF The Americas 6th FL. (Address)
Mew York, NY 10036 (City/State and Zip Code)
For further information concerning this matter, please call:
Vasmin Carrasco at (212) 462 - 5213 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\$30 Filing Fee & \$55 Filing Fee & \$\$60 Filing Fee, Certificate of Status & Certified Copy

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

SKy Latin America LLC (Name of limited liability company)
Delaware (Jurisdiction of its organization)
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.
1211 Avenue of The Americas, 6th FL. Box is
New York, NY. 1003(e) (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Muchael Horh
(Signature of member or authorized representative of a member)

Filing Fee: \$25.00

Michael Hartman
(Typed or printed name of signee)