

# L04000055317

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

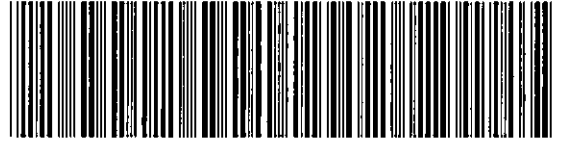
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CONFERENCE STATE COURT FACILITY

2024 MAY 21 AM 8:11  
FALL WASSSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Latheron L.L.C.  
\_\_\_\_\_  
(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:

Pablo Hoberman  
\_\_\_\_\_  
(Contact Person)

Latheron L.L.C.  
\_\_\_\_\_  
(Firm/Company)

2980 NE 207th St Suite 410  
\_\_\_\_\_  
(Address)

Aventura, FL 33180  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pablo Hoberman 786 320-4920  
\_\_\_\_\_  
(Name of Contact Person) at ( ) (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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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2024 MAY 21 AM 8:11

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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: Latheron L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:  
L04000055317

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/13/2024

4. I, Carina S Cohen Hoberman, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

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

Carina S Cohen Hoberman

Signature of Dissociating Member or Resigning Manager

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