

L09000106202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

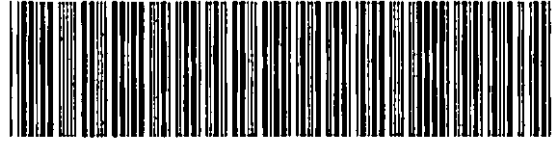
(Business Entity Name)

(Document Number)

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

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03/29/18--01019--018 \*\*25.00

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J. LEGGETT  
MAR 30 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INVERSIONES SOFIA, 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:

Carmen Porras Escalante

(Contact Person)

(Firm/Company)

5083 NW. 116 Av.

(Address)

DENAL. FL-33178.

(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN PORRAS ESCALANTE.

(Name of Contact Person)

at ( 706 ) 376.2538.

(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: INVERSIONES SOFIA, LLC

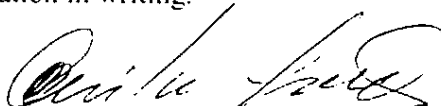
2. The Florida document/registration number assigned to this limited liability company is:  
L09000106202

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/27/18 WL  
3/23/18

4. I, Wilson Lastra, 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.

  
\_\_\_\_\_

Signature of Dissociating Member or Resigning Manager

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

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