L120000 75109

(Requestor's Name)	
(Address)	9003689
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	U7/U7/210
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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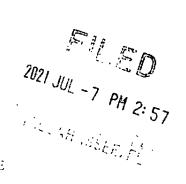
JUL 28 2021 ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
Segware USA, LLC SUBJECT:	
(Name of Limited Liabili	ity Company)
The enclosed member, resignation or dissociation and	I fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
Carlos Mariaca	
(Contact Person)	
Center Group Corp	
(Firm/Company)	
8350 NW 52nd Terrace, Suite 301	
(Address)	
Doral, FL 33166	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
Carlos Mariaca 305	471-4870
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	rida Department of State for:
■ \$25 Filing Fee □ \$55	Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)





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)

	he limited liability company as it appears on the records of the Florida Department gware USA, LLC
	ocument/registration number assigned to this limited liability company is:
3. The date this	member/manager withdrew/resigned or will withdraw/resign is:
Corlos E Mar	
	t Name of Person Resigning)
Manager	
of this limited resignation in	(Print Title) liability company and affirm the limited liability company has been notified of my writing.
Signature of	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)