## L1500178683

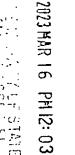
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Office Use Only



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5/18/23 VW



## **COVER LETTER**

TO: Registration Section Division of Corporations				
MASULOA LLC				
SUBJECT:(Name of Limited Liability Company)				
The enclosed member, resignation or o	lissociation and fee	(s) are submitted for filing.		
Please return all correspondence conce	rming this matter to	:		
VALERIA MEJIA				
(Contact Person)		<del>_</del>		
MASULOA LLC				
(Firm/Company)				
150 OCEAN LANE DRIVE APT 5B				
(Address)		<del></del>		
KEY BISCAYNE, FLORIDA 33149				
(City/State and Zip Code)		<del>_</del>		
For further information concerning this	matter, please call	:		
VALERIA MEJIA	786 _ at (	3569504		
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)		
Enclosed please find a check made pays	able to the Florida	Department of State for		
■ \$25 Filing Fee		ng Fee & Certified Copy		
Malling Addms.		Canada Addanas		
Malling Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



## 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)

	limited liability company as	s it appears on the records o	of the Florida Department
2. The Florida doc:	ument/registration number a	ssigned to this limited liabi	ility company is:
MARGARITA N	ember/manager withdrew/res MARIA ARANGO  Tame of Person Resigning)	signed or will withdraw/resi	
	citing.	he limited liability company	
Filing Fee:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ining Manager	FILED 2023 MAR 16 PM 12: 0 SEGN FRANK OF STATE TALL FRASSEE, FL