



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MICHELLE LYN SUAREZ, 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:

MICHELLE SUAREZ  
(Contact Person)

96 HARRY HOMER READY CIR  
(Firm/Company)

18191 NW 68th AVE #215  
(Address)

Hialeah, FL 33015  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHELLE SUAREZ at (305) 815-5500  
(Name of Contact Person) (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

FILED  
18 JUN 26 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: MICHELLE LYNN SUAREZ, LLC

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

LS000210815

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 18, 2018

4. I, Luis Yance, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR  
*(Print Title)*

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

Luis Yance  
Signature of Dissociating Member or Resigning Manager

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