

U17000 240 884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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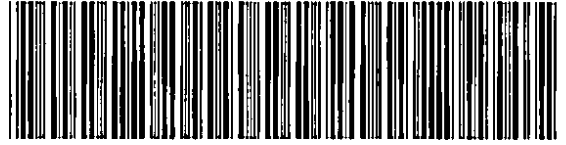
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALIANZAS GROUP 17 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:

Camilo Espinosa  
(Contact Person)

LOIGICA PA  
(Firm/Company)

40 Sw 13th St Suite 102  
(Address)

Miami FL 33130  
(City/State and Zip Code)

For further information concerning this matter, please call:

Camilo Espinosa at 305 7261537  
(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

**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: ALIANZAS GROUP 17 LLC

2. The Florida document/registration number assigned to this limited liability company is: L17000240884

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/01/19

4. I, SOCAS, CESAR F, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

Manager and Member

*(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)

2019 OCT 21 PM 3  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SOÇA:

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