L18000158646

(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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2020 MAY 23 PM 5:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COPIHUE USA PROPERTIES 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:

CECILIA A. CHACON
(Contact Person)

COPIHUE USA PROPERTIES LLC.
(Firm/Company)

1504 Bay Rd # 1225
(Address)

MIAMI BEACH, FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

CECILIA CHACON at (786) 626-5234
(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

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2020

CECILIA A CHACON
1504 BAY ROAD #1225
MIAMI BEACH, FL 33139

SUBJECT: COPIHUE USA PROPERTIES LLC
Ref. Number: L18000158646

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 220A00011181

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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: COPIHUG USA PROPERTIES LLC.

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

L18000158646

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04.01.2020

4. I, JORGE A. CORDON DE LA CERDA, 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.

Signature of Dissociating Member or Resigning Manager

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