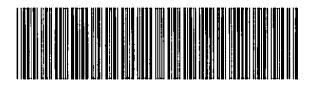
## L1CCCC139724

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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Shop The Three LLC	
	Limited Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concerr	ning this matter to:
Gabriela Alejandra Mainardi	
(Contact Person)	
Shop The Three LLC	
(Firm/Company)	
1504 Bay Road Apt 1627	
(Address)	
Miami Beach, Fl 33139	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
Gabriela Alejandra Mainardi	at ( <sup>786</sup> ) 470-9967
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	ble to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	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

CR2E079 (2/14)

TO:



## 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 Florid	a Departme
of State is: Shop			· .
2. The Florida doc	ument/registration number as	ssigned to this limited liability compan	ıy is:
L2000139724		·	
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is: 07/01	/2020
4. I, Jose Moises Gut (Print N	ierrez iame of Person Resigning)	, hereby withdraw/resign as a	
Manager	(Print Title)		
of this limited lial resignation in wri	bility company and affirm the iting.	e limited liability company has been no	otified of my
Signature of Di	ssociating Member or Resign	ning Manager	AH-9:
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	•	· Gi