

L21000348265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

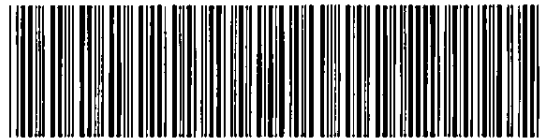
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18-25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2025

LUIS A HERNANDEZ VITERI
14134 PACIFIC POINT PLACE
APT 208
DELRAY BEACH, FL 33484

SUBJECT: LOUIEV CAPITAL, LLC
Ref. Number: L21000348265

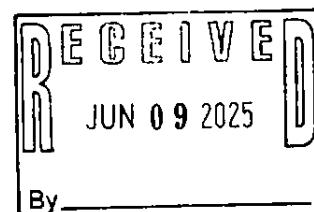
We have received your document for LOUIEV CAPITAL, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$.

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) 245-6053.

Frederica S McCloud
Document Specialist

Letter Number: 025A00010194



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOUIEV CAPITAL

(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:

Luis A Hernandez Viteri

(Contact Person)

LOUIEV CAPITAL

(Firm Company)

14134 Pacific Point Place, Apt 208

(Address)

Delray Beach, FL 33484

(City State and Zip Code)

For further information concerning this matter, please call:

Luis A Hernandez Viteri

(Name of Contact Person)

at (954) 913-8729

(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

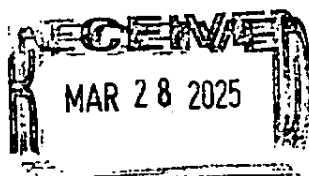
Mailing Address:

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 S10
Tallahassee, FL 32303

CR2E079 (2-14)





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)

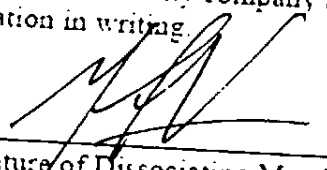
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LOUIEV CAPITAL

2. The Florida document-registration number assigned to this limited liability company is: 121000348265

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/24/2025

4. I, Maria A Viteri Mericka, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member (AP)
(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)

Subject: LouieV Capital
Ref.#: L21000348265

Please contact me with any further questions.

Email: luisahv02@gmail.com