

L220000407842

(Requestor's Name)

(Address)

(Address)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRIMS 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:

Perla Sole Calas  
\_\_\_\_\_  
(Contact Person)

Corvo & Calas  
\_\_\_\_\_  
(Firm/Company)

14750 NW 77th CT, Suite 300  
\_\_\_\_\_  
(Address)

Miami Lakes, FL 33016  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chanel Coalla at ( ) 305 827-0084  
\_\_\_\_\_  
(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

SECRETARY OF STATE  
TALLAHASSEE, FL

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**RESIGNATION OR DISASSOCIATION OF MANAGER OR MEMBER  
FROM FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears in the Florida Department of State is:  
**PRIMS LLC, a Florida Limited Liability Company.**

2. The Florida document/registration number assigned to this limited liability company is:  
**L22000407842.**

3. The date this member/manager withdrew or resigned: **November 1, 2023.**

4. I, **Karla Soto Guerrero**, hereby resign/withdraw as a Manager of this limited liability company and affirm the limited liability company has been notified of this resignation in writing.

*Karla Soto Guerrero*

Signature of Karla Soto Guerrero

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