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COVER LETTER

Division of Corporations 1375 SW 17TH TERRACE LLC SUBJECT: (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: LINDA ROTH, ESO. (Contact Person) LINDA ROTH, P.A. (Firm/Company) 2333 Brickell Avenue Suite UL4-Mezzanine (Address) Miami, Fl 33129 (City/State and Zip Code) For further information concerning this matter, please call: Linda Roth, Esq. (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable 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

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Registration Section



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)

	limited liability company as	it appears on the records of	f the Florida Department
2. The Florida doc	ument/registration number as	ssigned to this limited liabil	ity company is:
L23000239732			
3. The date this mo	ember/manager withdrew/res	igned or will withdraw/resi	gn is: 6/7/2023
. I. JAVIER PRADO, hereby withdraw/resign as a, hereby withdraw/resign as a			
(Print)	Name of Person Resigning)		
Manager			
·	(Print Title)		
resignation in w	HO		has been notified of my
Signature of D	issociating Member or Resig	ning Manager	
	**	-	တ 🕿
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		