L24000233551

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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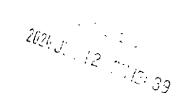
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COVER LETTER -

TO:	_	stration Section ion of Corporations			
SUBJ	ECT:	INVERSIONES E&S LLC			
		(Name of Limited Liability Company)			
The er	nclosed	I member, resignation or dissociati	ion and fee(s	s) are submitted for filing.	
Please	return	all correspondence concerning th	is matter to:		
ELIAS	J, SAR	WEH			
		(Contact Person)		_	
	\{	dy			
	2	· (Firm/Company)		_	
8244 P.	ATTER	SON WOODS DR APTO 6204			
		(Address)		_	
ORLA	NDO, F	LORIDA 32821-6715			
		(City/State and Zip Code)		_	
For fu	rther is	nformation concerning this matter,	please call:		
ELIAS	J, SAR		407 at (4196120	
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
	sed ple 5 Filing	ase find a check made payable to t g Fee (Department of State for: g Fee & Certified Copy	
	Regis Divis P.O.	ng Address: stration Section tion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	





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	imited liability company as it appears on the records of the Florida Department
of State is: INVER	SIONES E&S LLC
2. The Florida docu	hereby withdraw/resign as a me of Person Resigning) Print Title) ility company and affirm the limited liability company has been notified of my
L24000233551	,
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 7/2/2024
4. I, STEPHANIE KH	AOULI, hereby withdraw/resign as a
(Print Na	me of Person Resigning)
MGR	
(1	Print Title)
of this limited liab resignation in write	
Signature of Dis	sociating Member or Resigning Manager
-	\$25.00 (Required) \$30.00 (Optional)