## M14000006304

(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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## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	Elimited liability company as it	appears on the records of the Florida Department
2. The Florida doc M14000006304	ument/registration number assi	gned to this limited fiability company is:
4. IAlvaro Castillo	iame of Person Resigning)	ned or will withdraw/resign is: Fe6 15/2021 hereby withdraw/resign as a
of this limited lia resignation in wr	(Print Title) bility company and affirm the	limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	