## L20000255607

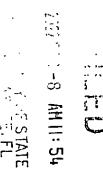
(Requestor's Name)		
(Åddress)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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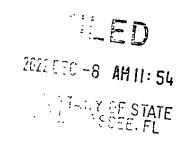
12/09/22--01008--024 \*\*25.00



## COVER LETTER

Division of Corporations	
SUBJECT: SER - U.C. (Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and feet	(s) are submitted for filing.
Please return all correspondence concerning this matter to	); 
Maria Belen Carpio Tobars (Contact Person)	
SER UC (Firm/Company)	
7085 Nova Dr Apt 125	_
Davie FL , 33317- (City/State and Zip Code)	
For further information concerning this matter, please call	1:
Mana Belen Carpio Tobar at (561 (Name of Contact Person) (Area Cod	) 601 8028 le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  ■ \$25 Filing Fee  ■ \$55 Filing	Department of State for: ng 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





## 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 t	he records of the Florida Department
of State is:S	ER LLC	·
2. The Florida doci	ument/registration number assigned to this I	limited liability company is:
<u>L 2000C</u>	255607	
3. The date this me	ember/manager withdrew/resigned or will w	ithdraw/resign is: Dec Z 2022
4. I. <u>Mana</u> Print N	Belen Corpus Tobor S. hereby w	vithdraw/resign as a
Manag	er (Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liabiliting.	ity company has been notified of my
Naua Bel	issociating Member or Resigning Manager	2502/2/21
Signature of Di	issociating Member or Resigning Manager	
<del>-</del>	\$25.00 (Required) \$30.00 (Optional)	
cerunea Copy:	350.00 (Opnonar)	