

LO86000006613

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(Address)

(Address)

(City/State/Zip/Phone #)

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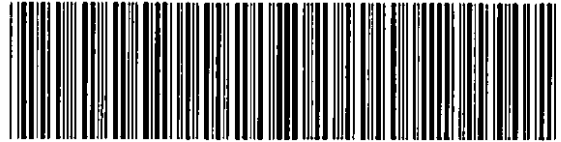
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SECRETARY OF STATE  
CLERK OF COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAW OFFICES OF ADORNO-CUNILL & DAMAS, PL  
\_\_\_\_\_  
(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:

John Cunill Esq.

\_\_\_\_\_  
(Contact Person)

Law Offices of Adorno-Cunill & Damas PL

\_\_\_\_\_  
(Firm/Company)

1000 Brickell Ave Ste. 720

\_\_\_\_\_  
(Address)

Miami, FL 33131

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Cunill \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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2023 AUG 17 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FL 32311

**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 the records of the Florida Department of State is: LAW OFFICES OF ADORNO & CUNILL, PL

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

L08000006613


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/15/2023

4. I, Kenneth M. Damas PA, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager / Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)