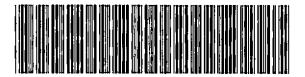
## L04000077277

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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations OPERA 3204 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: Julio Nunez (Contact Person) (Firm/Company) 465 Amalfi Avenue (Address) Coral Gables, FL 33146 (City/State and Zip Code) For further information concerning this matter, please call: Julio Nunez 305 735-1102 (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

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

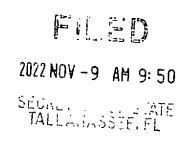
CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314







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

(Pursuant to 605.0216. Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department a 3204 LLC
-	u
2. The Florida doc L04000077277	nument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is: 11/03/2022
4. I.	hereby withdraw/resign as a
Managing Memb	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
	(ites Meencia)
Signature of D	vissociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)