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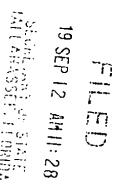
(Re	questor's Name)			
(Add	dress)	<u>_</u>		
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T SCHROEDER

COVER LETTER

Divis	sion of Corporations		
SUBJECT:	Buenas Olas, LLC		
SOBJECT.	(Name of I	Limited Liability Com	pany)
The enclosed	I member, resignation or disse	ociation and fee(s)	are submitted for filing.
Please return	all correspondence concernit	ng this matter to:	
Robert Lloy	y d		
	(Contact Person)		
Buenas Ola	as, LLC		
	(Firm/Company)		•
3730 Cardi	nal Blvd.		
	(Address)		•
Daytona B	each, FL 32118		
	(City/State and Zip Code)		•
For further i	nformation concerning this m	atter, please call:	
Robert Lloy	yd	386 at (589-4177
4)	Jame of Contact Person)		& Daytime Telephone Number)
Enclosed plo	ease find a check made payabl g Fee		epartment of State for: Fee & Certified Copy
Registration Division of Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

TO: Registration Section



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)

	limited liability company anas Olas, LLC	as it appears on the records of the	Florida Department
2. The Florida docu L0700003412		assigned to this limited liability c	ompany is:
3. The date this men	nber/manager withdrew/re	esigned or will withdraw/resign is	8/20/2019
		, hereby withdraw/resign a	
MGRM			
(Print Title)		
of this limited liab resignation in wri		the limited liability company has	been notified of my
gina	Lynn lloyo	1	
Signature of Dis	ssociating Member or Resi	gning Manager	St. St.
	\$25.00 (Required) \$30.00 (Optional)		FILE 9 SEP 12 MM 1994 SSSP PPS