

L07000089835

(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



000182052110

06/17/10--01016--008 **25.00

FILED
10 JUN 17 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O. O. JUN 18 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coravca Distributions, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Alberto J Ibarra

(Contact Person)

Alberto J Ibarra

(Firm/Company)

8405 NW 53 Street, Suite C-101

(Address)

Doral FL, 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Alberto J Ibarra

(Name of Contact Person)

at (305) 477-9336

(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

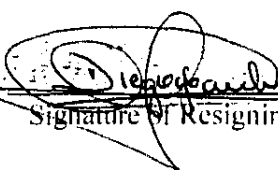


FILED
10 JUN 17 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Coravca Distributions, LLC
2. This limited liability company was organized under the laws of:
Florida
3. The Florida document/registration number of this limited liability company is:
L07000089835
4. I, Diego Corado, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

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