10000117197

(Re	questor's Name)
(Add	dress)
(Ad	dress)
(City	y/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bu	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
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	Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EURO INNUBILIARE (Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Roberto Ferli (Contact Person)	_
EURO IMOBILIARE LL C. (Firm/Company)	_
11538 NW & 31d WAY (Address)	_
Donal, +L 33178 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
(Name of Contact Person) at (602 (Area Code	326 - 1633 : & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	Department of State for: g 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)

	~ <u>~</u>
1. The name of the lim	ited liability company as it appears on the records of the Florida Department
of State is: EUR	O IMMOBILIARE LLC
2. The Florida docume	nt/registration number assigned to this limited liability company is:
L07000112	792
3. The date this member	er/manager withdrew/resigned or will withdraw/resign is: 49/04/29
4.1, LUISANA (Print Name	nt/registration number assigned to this limited liability company is 792 er/manager withdrew/resigned or will withdraw/resign is: 49/04/24 Edsandi hereby withdraw/resign as a of Person Resigning)
MANAGER (Prin	u Title)
of this limited liabilit resignation in writing	y company and affirm the limited liability company has been notified of my
Luvina	Idn.li
	ciating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)