

**Florida Department of State**  
**Division of Corporations**  
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**LO8000085223**

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : ABALLI MILNE KALIL, P.A.  
 Account Number : 073123001732  
 Phone : (305)373-6600  
 Fax Number : (305)373-7929

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: cfernandez@aballi.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**MARGARITA BUSINESS, LLC**

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T. LEMIEUX

JAN 30 2022



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MARGARITA BUSINESS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L08000085223

3. The date this member/manager withdrew/resigned or will withdraw/resign is: January 1, 2022

4. I, SOLE ADMIN L.L.C., hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

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

Sole Admin L.L.C. Manager  
By: *Caridad Fernandez*  
Signature of Dissociating Member or Resigning Manager  
Caridad Fernandez, Manager

Filing Fee: \$25.00 (Required)  
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