

28000 100 6000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

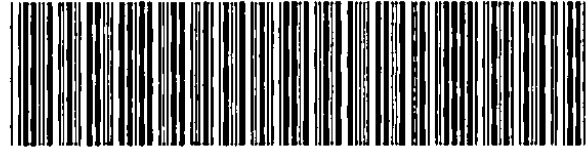
(Business Entity Name)

(Document Number)

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

Office Use Only



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# COVER LETTER

O: Registration Section  
Division of Corporations

**UBJECT:** Tectum LLC  
\_\_\_\_\_  
(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:

Katherine Isaza  
\_\_\_\_\_  
(Contact Person)

Tectum LLC  
\_\_\_\_\_  
(Firm/Company)

348 Brickell Av Suite 903  
\_\_\_\_\_  
(Address)

Miami, FL 33131  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine Isaza 305 4565340  
\_\_\_\_\_  
(Name of Contact Person) at ( ) (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

**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



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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)

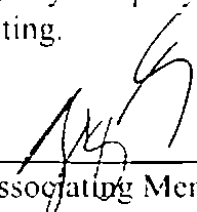
The name of the limited liability company as it appears on the records of the Florida Department  
of State is: TECTUM LLC

The Florida document/registration number assigned to this limited liability company is:  
L08000100606

The date this member/manager withdrew/resigned or will withdraw/resign is: 12/20/2019

I, Juan D Estrada, 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.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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