

109 0000 77460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

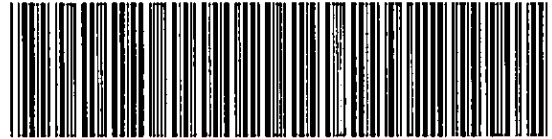
(Business Entity Name)

(Document Number)

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

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JULIAN S. STEIN

JUN 08 2020  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Funeraria Hialeah Memorial, 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:

Zabida Hasin

(Contact Person)

Funeraria Hialeah Memorial, llc

(Firm/Company)

198 Hialeah Drive

(Address)

Hiaelah, Florida 33010

(City/State and Zip Code)

For further information concerning this matter, please call:

Zabida Hasin

(Name of Contact Person)

at ( 305 ) 863 0444

(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



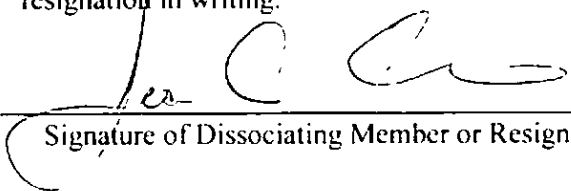
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: Funeraria Hialeah memorial, llc
2. The Florida document/registration number assigned to this limited liability company is:  
L09000077460
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/14/2020
4. I, Jose A. Arvelo, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
amgr  
*(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)

**FILED**  
2020 MAY 18 PM 6:57  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE