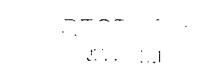
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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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COVER LETTER

TO: Registration Section Division of Corporations			
HERACE L.L.C.			
(Name of Limited Liability Company)			
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:		
tsis Vallo, Esq.			
(Contact Parson)			
lais Valle, P.A.			
(Plmv/Company)			
3625 NW 82 Avenue, Suite 405			
(Addross)			
Miami, FL 33166			
(City/State and Zip Code)	A STATE OF THE STA		
For further information concerning this mat	ter, please call:		
Isis Valle,	305 722-0606 at ()		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable \$\Begin{align*} \Begin{align*}	to the Florida Department of State for: \$\sum \\$55 \text{ Filing Fee & Certified Copy}\$		
Malling 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		

CR2E079 (2/14)







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

(Pursuant to 605.0216, Florida Statutes)

ameno registration number ass	signed to this limited liability company is:
ember/manager withdrew/resig	gned or will withdraw/resign is: 5/31/21
ndez Bravo	, hereby withdraw/resign as a
Name of Person Resigning)	
er	
(Print Title)	
ability company and affirm the riting.	limited liability company has been notified of
to Hernowder	*
leffernondes issograting Member or Resign	*

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)