## L09000 100 141

Mercides /krnavidez  (Requestor's Name)  649 Velarcle Avi  (Address)				
(Requestor's Name)				
649 Velarcle Ave				
(Address)				
Coral Gubles. Fl 33131				
(Address)				
(City/State/Zip/Phone #)				
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SLONG GARY OF STATE TALLAHASSEE, FLORIDA

124 MAY 29 PH 12: 5



## 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 th	e limited liability company as it appears of	on the records of the	Florida Dep	partment
of State is:	Stellar Zamora L	LC		
2. The Florida doc	ument/registration number assigned to the	nis limited liability c	ompany is:	
L900	0 100 141			
	ember/manager withdrew/resigned or wil	ll withdraw/resign is	MAUL	5,2024
4. I, MERCE (Print)	des Hernandez, hereb	y withdraw/resign a	s a	<del></del>
MA	(Print Tille)			
of this limited lia resignation in wr	bility company and affirm the limited lia iting.	bility company has l	been notified	i of my
Weocedes	Hernaudez Pha			
by Men	Merwander of Resigning Manag	_		
/ Signature of D	ssociating Member of Resigning Manag	er	2024 TALL	
Filing Fee:	\$25.00 (Required)		2024 MAY 29 TALLAHASSE	
Сепиеа Сору:	\$30.00 (Optional)		9 PH12 Y 07 ST SEE. FLO	
			21.3 12.3 12.3	