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## **COVER LETTER**

TO: Registration Section Division of Corporations SAN ISIDRO RENTAL LLC **SUBJECT:** (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: **GUSTAVO GRANDINETTI** (Contact Person) SAN ISIDRO RENTAL LLC (Firm/Company) 8333 NW 53 ST SUITE 450 (Address) DORAL, FL, 33166 (City/State and Zip Code) For further information concerning this matter, please call: **GUSTAVO GRANDINETTI** 786 \_ at (\_\_\_\_ (Name of Contact Person) (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: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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 a	s it appears on the records	s of the Florida Department
of State is: SAN	ISIDRO RENTAL LLC		
2. The Florida doc	ument/registration number a	ssigned to this limited lia	bility company is:
3. The date this me	:mber/manager withdrew/res	signed or will withdraw/re	09/08/2021 esign is:
ACHIOTIST CI			
MANAGER	une of reison Resigning)		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compa	ny has been notified of my
Agustín Tomas	Grandinetti		2021 S SECR TAI.
Signature of D	issociating Member or Resig	ining Manager	ZOZI SEP 13 SECRETANI TALL MEN
	\$25.00 (Required) \$30.00 (Optional)		MI IO: 5