H10000088797

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

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Account Name : NOEL R. PUIG LLC
Account Number : I20080000103
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Fax Number : (305)267-0793

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CABRERA ECHEVERRIA CONSULTING, ACCOUNTING & SYSTEMS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABRERA ECHEVERRIA CONSULTING, ACCOUNTING & SYSTEMS LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LORENA M BRIEVA
(Contact Person)

CABRERA ECHEVERRIA CONSULTING, ACCOUNTING & SYSTEMS LLC
(Firm/Company)

6911 W 36TH AVENUE UNIT 103
(Address)

HIALEAH FL 33018
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LORENA M BRIEVA at (786) 499-4749
(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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

. The name of the limited liability company as it appears on the records of the Florida Department of State is: CABRERA ECHEVERRIA CONSULTING, ACCOUNTING & SYSTEM

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L10000088797

4. I, WILLIAM CABRERA ECHEVERRIA, hereby resign as a MGR
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

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TALLAHASSEE, FLORIDA

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

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