

L10000122076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

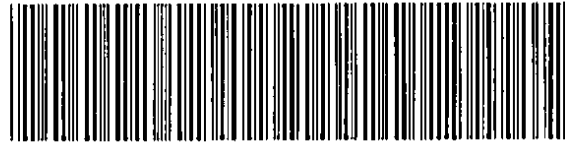
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAR -9 AM 9:20 PM -9 SE 3:52
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DATE: 3/9/20

NAME: COLOMBIA RESERVA DE ORO, LLC

TYPE OF FILING: DISSOCIATION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLOMBIA RESERVA DE ORO, 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:

CHRISTOPHER PAULICK
(Contact Person)

COLOMBIA RESERVA DE ORO, LLC
(Firm/Company)

150 SE 2ND AVE #300
(Address)

MIAMI FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER PAULICK at (305) 632-3351
(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:

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)

2020 MAR -9 AM 9:20
RECEIVED
STATE
SECRETARY

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: COLUMBIA RESERVA DE ORO, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L10000122076

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2-28-20

4. I, CHRISTOPHER PAULICK, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(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)