

L10000122094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

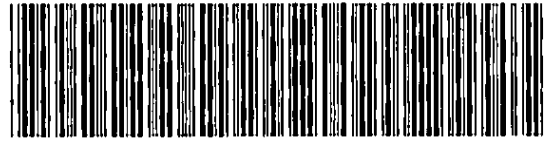
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800330117528

06/06/19--01007--009 \*\*25.00

R. WHITE  
JUN 20 2019

2019 JUN -6 PM 5:14

For 30

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPTIMUS US 941 N.E. 169TH ST. I, L.L.C.

(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:

Krisia Del Prado

(Contact Person)

(Firm/Company)

27532 SW 162 CT

(Address)

Homestead, FL 33031

(City/State and Zip Code)

For further information concerning this matter, please call:

Krisia Del Prado

305

608-7136

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

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2019 JUN -6 PM 5:14  
JUL 1 2019

**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 as it appears on the records of the Florida Department of State is: OPTIMUS US 941 N.E. 169TH ST. I, L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:  
L10000122094

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/01/2019

4. I, Krisia Del Prado, 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)