

211000014413

(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



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11/22/21--01004--010 ++25.00

FILED

2021 NOV 22 AM 6:18

SECRETARY OF STATE
TALLAHASSEE, FL.

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DEC 09 2021

[illegible]

SUBJECT: RELO FURNITURE LLC

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

CARLOS GAMEZ

RELO FURNITURE LLC

1918 NW 171 AVE

PEMBROKE PINES, FL. 33028

For further information concerning this matter, please call:

CARLOS GAMEZ

(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 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

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SECRETARY OF STATE
TALLAHASSEE, FL.

**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: RELO FURNITURE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L11000014413

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/11/2021

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

MGRM
(Print Title)

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

Catalina Restrepo

Signature of Dissociating Member or Resigning Manager

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