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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ESTE ES MUCHO PERRO ((C)  8120 (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:
SHOW MARIN (Contact Person)
(Contact Person)
(Firm/Company)
18791 SW 28 Ct. Miramar Fl. 33029 (Address)
Miramar Fl. 33029 (City/State and Zip Code)
For further information concerning this matter, please call:
1 HON MARN at (9/7) 7-56-4006 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\mathbb{\text{S}}\$ \$25 Filing Fee \$\mathbb{\text{C}}\$ Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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	e limited liability company as i	t appears on the reco	ords of the Florida Department
of State is:	ste es mucho P	erro LLC	
2. The Florida doc	rument/registration number ass	igned to this limited	l liability company is:
	00043909	<u> </u>	. ,
3. The date this m	ember/manager withdrew/resig	ned or will withdray	w/resign is: <u>12-31-</u> 20)
4.1 - 1HON	MARIU	hereby withdra	w/resign as a
(SUBSIBAR	Name of Person Resigning),  A ALSO A A O' (Print Title)	tHorized	member
	ability company and affirm the	limited liability con	npany has been notified of my
resignation in w	· ·		2019 DEC 16 SIGNALL VINSS
THOM	1 MARIN		DEC T
Signature of D	bissociating Member or Resigni	ng Manager	16 PH
Filing Fee:	\$25.00 (Required)		
Certified Conv.	\$30.00 (Ontional)		