

L110000 92 774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

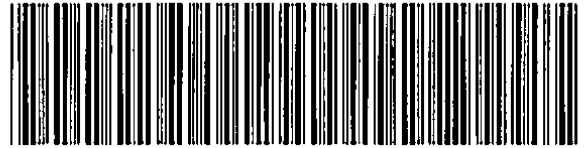
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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07/30/19--01018--004 \*\*25.00

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19 JUL 30 AM 11:10  
SAC, TAMPA  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

AUG 06 2019

T SCHROEDER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**MAUS LLC**

**SUBJECT:** \_\_\_\_\_  
(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:

**Federico F. Buceta Hernandez**

\_\_\_\_\_  
(Contact Person)

**MAUS LLC**

\_\_\_\_\_  
(Firm/Company)

**1060 Brickell Avenue, Apt 2811**

\_\_\_\_\_  
(Address)

**Miami, FL 33131**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Federico F. Buceta Hernandez**                      **786**                      **301-8518**

\_\_\_\_\_  
(Name of Contact Person)                      at (\_\_\_\_\_) \_\_\_\_\_  
(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

**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  
MAUS LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L11000092774  
\_\_\_\_\_

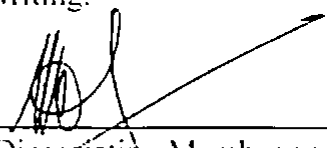
7/24/2019

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_  
Fernando H. Lund

4. I, \_\_\_\_\_, 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.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

FILED  
19 JUL 30 AM 11:10  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA