#1/1000/15/76

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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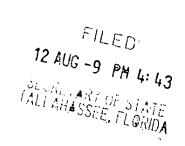
COVER LETTER

Division of Corporations	
SUBJECT: Notre Da (Name of Limited Liability	
· ·	• •
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	r to:
Arlette Burgos (Contact Person)	
(Contact Person)	
Notri Danzé 24	, <u>C</u>
(Firm/Company)	1
1157 WSG. 436, 5017	to 101
1157 WSr. 436, 5vit (Address) Altamorto Springs Fl (City/State and Zin Code)	1, 32714
(Chyrotate and Zip Code)	
For further information concerning this matter, please	call:
Avlette Burgos at (Area (Area	107 925 2343
(Name of Contact Derson) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor	
\$25 Filing Fee	\$55 Filing Fee &
,	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:
4. 1, E/13a Maldonado, hereby resign as a MGRM (Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Alisa Waldonado
Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)