L11000124665

(Re	questor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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With My

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Inversione	S CRI LLC Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	
Ricardo Con	treras Rey
(Contact Person)	/
(Firm/Company)	
1551 NW 159th AV	
(Address)	
Pembrake Pine	1 F/33028
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
Ricardo Contrera	75 at (305) 801 2569
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee	ole to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The 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 lin	nited liability compa	ny as it appear	s on the record	s of the Florida D	Department
	iversioner				·
2. The Florida docume	ent/registration numl	per assigned to	this limited lia	ability company i	s:
3. The date this memb	oer/manager withdre	w/resigned or	will withdraw/r	resign is: 10	-28 - 2020
4.1. Harcos (Print Nam	e of Person Resigning)	Rey_, he	reby withdraw/	resign as a	
	S Member ini Title)				
of this limited liabil resignation in writing		rm the limited	liability comp	any has been noti	ified of my
Signature of Diss	Cutap ociating Member or	Resionino Ma	nager		792
Signature of Diss	ociating Member of	······································	-5		7920 NOV
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				-2 PH 5: