1120000 43518

| (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: | | | |
| | | | |
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PILED

101 SP 30 P 2: 16

102 SP 30 P 2: 16

V S 11/6/20

COVER LETTER

| TO: Registration Section | |
|---|--|
| Division of Corporations | • |
| 1 | |
| SUBJECT: 305 Royal, LLC | |
| (Name of Limited Liabi | lity Company) |
| The enclosed member, resignation or dissociation an | d fcc(s) are submitted for filing. |
| Please return all correspondence concerning this mat | tter to: |
| | |
| Griset Cisneros | |
| (Contact Person) | |
| | · · · · · · · · · · · · · · · · · · · |
| (Firm/Company) | |
| | |
| P.O. Box 660333 | |
| (Address) | . |
| •: | |
| Miami Springs, Florida 33266 | |
| . (City/State and Zip Code) | |
| For further information concerning this matter, pleas | se call: |
| Polon Abeleni Per | . 222 1023 |
| at (| 954) 323-1023 |
| (Name of Contact Person) (Are | a Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Fl | orida Department of State for: |
| | 5 Filing Fee & Certified Copy |
| · · | |
| Mailing Address: Registration Section | Street Address: Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 Tallahassee, FL 32314 | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| : and 185500, FD 32314 | Tallahassee FL 32303 |

CR2E079 (2/14)



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 a | is it appears on the records of the Florida Dej | partment |
|--|--|---|----------|
| of State is: 305 | • | | |
| 2. The Florida docu | ument/registration number a | assigned to this limited liability company is: | |
| L12000043578 | <u> </u> | <u>. </u> | : |
| 3. The date this me | mber/manager withdrew/re | signed or will withdraw/resign is: November | 20, 2018 |
| 4. 1, Charles Cisn (Print No. | eros ame of Person Resigning) | , hereby withdraw/resign as a | • |
| Member / M | anager (Print Title) | | : |
| of this limited liab resignation in wri | pility company and affirm the | he limited liability company has been notific | d of my |
| Signature of Di | ssociating Member or Resig | gning Manager | es es |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | ALLARAS | S T |
| | | . 1938 5. 50 AS | |
| CR2E079 (2/14) | | DRIDA | ٠ - |