-12 000 079 x30

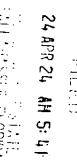
(Requestor's Name)						
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COVER LETTER

TO:	_	stration Section sion of Corporations				
		MEMBER RESIGNATION				
SUBJ	ECT:					
The e	nclosed	d member, resignation or disso	ociation and fee	(s) are submitted for filing.		
Pleaso	e returr	all correspondence concernir	ig this matter to	×		
RAUL	. I SOCC	ORRO HERRERA				
		(Contact Person)				
8955 I	EXER	ATER INVESTMENT LLC				
		(Firm/Company)				
26451	EXECU	TIVE PARK DRIVE, STE 132				
		(Address)		_		
WEST	ON, FL	. 33331				
		(City/State and Zip Code)				
For fu	irther i	nformation concerning this ma	itter, please call	l:		
RAUI.	. I SOCO	ORRO HERRERA	954 at (8549525)		
	(N	lame of Contact Person)		le & Daytime Telephone Number)		
Enclo	sed ple	ease find a check made payable	e to the Florida	Department of State for:		
□ \$2	5 Filin	g Fee	☑ \$55 Filii	ng Fee & Certified Copy		
	Maili	ng Address:		Street Address:		
	_	stration Section		Registration Section		
		sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee		
		thassee, FL 32314		2415 N. Monroe Street, Suite 810		
	1 (111)	anasse, i is sasti		Tallahassee, FL 32303		



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)

	limited liability company as	• •	s of the Florida Department		
2. The Florida doct	ument/registration number as	ssigned to this limited lia	bility company is:		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/re	01 01 2024 esign is:		
NORLANNELS	NORIANNELSOCORRO				
4. 1(Print \)	ame of Person Resigning)	, nereby withdrawn	, hereby withdraw/resign as a		
MEMBER					
	Print Title)				
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability compa	my has been notified of my		
Norian S	>				
Signature of Di	ssociating Member or Resig	ning Manager			
	\$25.00 (Required) \$30.00 (Optional)		FILED 24 APR 24 AM 5: 34 APR 24 AM 5:		