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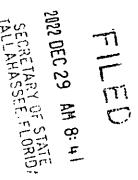
(Requestor's Name)
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A. RIVERS

COVER LETTER

Division of Corporations MILLECENTO CONDOMINIUMS 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: Kevin Waissmann (Contact Person) Tango Management Services LLC (Firm/Company) 21209 NE 38TH AVENUE (Address) Aventura, F1, 33180 (City/State and Zip Code) For further information concerning this matter, please call: Kevin Waissmann (Name of Contact Person) (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 Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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)

The Florida document/registration number assign	ned to this limited liability compa	ny is:	
The date this member/manager withdrew/resigne	 d or will withdraw/resign is:	5/2022	
L. Tango Management Services LLC (Print Name of Person Resigning)	_, hereby withdraw/resign as a	SEC 038	2022
Manager (Prim Title)		RETARY AHASSE	DEC 29
of this limited liability company and affirm the lir resignation in writing.	nited liability company has been	\Box	• • • • • • • • • • • • • • • • • • •

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)