## 112000099250

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TAIL AHASSEE, FLORID

A. RIVERS
MAR 1 0 2023

## **COVER LETTER**

TO:	_	stration Section sion of Corporations			
SURI	ECT:	MILLECENTO INVESTMENTS	LLC		
., 0120		(Name of Limited Liability Company)			
The e	nclosed	d member, resignation or diss	ociation and fee(	(s) are submitted for filing.	
Please	e return	all correspondence concerni	ng this matter to	:	
Kevin	Waissm	ann			
		(Contact Person)	• • •	_	
Tango	Manage	ement Services LLC			
		(Firm/Company)		_	
21209	NE 38T	TH AVENUE			
		(Address)			
Aventi	ura. FL I	33180			
		(City/State and Zip Code)		<del></del>	
For fu	irther ii	nformation concerning this m	atter, please call	:	
Kevin	Waissm	aunn	305 at (	351-1000	
	(N	ame of Contact Person)		e & Daytime Telephone Number)	
	•	ease find a check made payab		•	
<b>=</b> \$2	5 Filing	g Fee	□ \$55 Filin	ng Fee & Certified Copy	
		ng Address:		Street Address:	
	-	stration Section sion of Corporations		Registration Section Division of Corporations	
		Box 6327		The Centre of Tallahassee	
		hassee, FL 32314		2415 N. Monroe Street, Suite 819 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)

2. The Florida document/registration number assi	uned to this limited liability company is:	
L12000099250		
3. The date this member/manager withdrew/resign 4. I	CO Pro	DEC
(Print Name of Person Resigning)  Manager	Hereby withdraw/resign as a PAR SRX SET.	29 #
(Print Title)	E ORIGINAL TOTAL	8. 4.
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified	ot my
Must 5, use		

Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)