L12000 100717

(Requestor's Name)
(Address)
(Address)
,
(Cir. (Cr. 17 in (Dh. 11 in 18)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(December 1) when
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TOPO PAMOJA (Name of Limited Liability)	A LLC sy Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
JOAQUIN DULITZKY (Contact Person)	
(Contact Person)	
TOPO PANOJA LLO (Firm/Company)	
(Firm/Company)	
3061 MRY ST "(Address)	
M'AM. FL 331	SECRETARY OF STEEL FILE 22 call:
(City/State and Zip Code)	me =
For further information concerning this matter, please	call: 75 22
JOAQUEN DULITZKY at (30) (Name of Contact Person) (Area	5,5866668
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee \$55 I	ida Department of State for: Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

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 l	imited liability com	pany as it appears	s on the records of	the Florida De	partment
of State is:	TUPO 1	AMO JA	LLC	<u>-</u>	
2. The Florida docum	ment/registration nu	mber assigned to	this limited liabilit	y company is:	
L120	0010071.	7			
3. The date this men	nber/manager withd	rew/resigned or v	vill withdraw/resign	n is: 12/2	0/24
4.1, MANUEL (Print Na. MGR	- DULIT me of Person Resigning	$\frac{-2-Ky}{y}$, here	eby withdraw/resig	SECRE sas Li	happy a
MGR	and ME	MBER		Alla VARA	7 \$
	Print Title) ility company and a		liahility company h	AS BEEN NOTE	
resignation in writ	ing //	14			_
Signature of Dis	sociating Member o	or Resigning Man	ager		
Filing Fee: Certified Copy:	\$25.00 (Required \$30.00 (Optional))->enclose	: d		