47100612

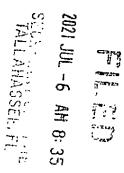
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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C Kiuzea

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 4 OLIVOS (Name of Limite	LC
(Name of Limite	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
MATIAS MONASTIRSKY (Contact Person)	
(Contact Person)	
MMM MANAGEMENT OLOUP (Firm/Company)	uc
(Firm/Company)	
323 5 ZIST AVENUE	ette C
(Address)	
How was from 330 (City/State and Zip Code)	20
(City/State and Zip Code)	
For further information concerning this matter,	please call:
MATIAS MONASTIRSKY a (Name of Contact Person)	1(954) 505-3219
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
□ ** = ····· = -	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

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)

1. The name of t	he limited liability company as it appears on the records of the Florida Departmen
of State is:	a 4 ouvos uc
2. The Florida do	ocument/registration number assigned to this limited liability company is:
112000	124710
3. The date this r	nember/manager withdrew/resigned or will withdraw/resign is: 1/1/2020
4. I, Ju MANI (Print	Name of Person Resigning) , hereby withdraw/resign as a
MANA	(Print Title)
	iability company and affirm the limited liability company has been notified of my
	An-
Signature of I	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)