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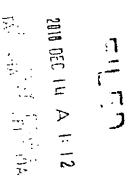
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#### **COVER LETTER**

Registration Section TO: **Division of Corporations** CENTRAL FLORIDA IMMIGRATION ATTORNEYS, PLLC (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: CHARLENE M. SEDA RAMIREZ (Contact Person) CENTRAL FLORIDA IMMIGRATION ATTORNEYS, P (Firm/Company) 6220 S ORANGE BLOSSOM TRAIL, STE 161 (Address) ORLANDO, FL 32809 (City/State and Zip Code) For further information concerning this matter, please call: Charlene M. Seda Ramirez (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



### 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			rida Departme
	ument/registration number as	ssigned to this	F.	2818
4. I,	ember/manager withdrew/res	_	vithdraw/resign is:	2/10/2018 ·- D
(Print N	Name of Person Resigning)		in the second se	1:12
of this limited lia resignation in wr	(Print Title) bility company and affirm the	ne limited liabil	ity company has beei	notified of m
Signature of D	tssociating Member or Resig	ming Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			