

L13 000 024 132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

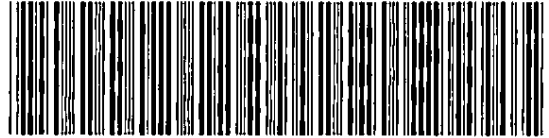
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
24 JUN 11 PM 11:23
CALIFORNIA
CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOURCE BUSINESS, LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMILIANA PUCHE

Name of Person

SOURCE BUSINESS, LLC

Firm/Company

11030 Halon Terrace Aly

Address

Winter Garden, FL 34787

City/State and Zip Code

Emilianapuche@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMILIANA PUCHE

at (407)

5618864

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Exhibit B



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 limited liability company as it appears on the records of the Florida Department of State is: SOURCE BUSINESS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000024132

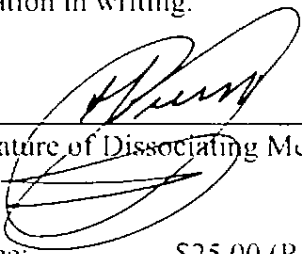
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/30/2024

4. I, ALFONSO PUCHE, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER MEMBER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

FILED
24 JUN 11 PM 11:23
TALLAHASSEE, FLORIDA