

L13 0000 37158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

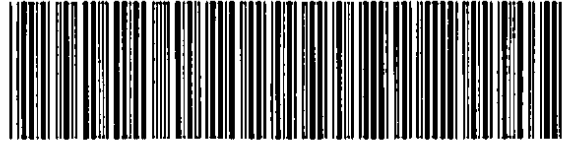
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2020 JUL 13 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FL

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RUCE
AUG 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANSA Financial Consulting, LLC

(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:

Julio Gutierrez

(Contact Person)

Law Office of Julio Gutierrez, PA

(Firm/Company)

2464 SW 137 Avenue

(Address)

Miami, FL 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Julio Gutierrez

(Name of Contact Person)

305

at (_____) _____

(Area Code & Daytime Telephone Number)

325-8600

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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

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TALLAHASSEE, FL



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: ANSA Financial Consulting, LLC

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

LL3000037158

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 8, 2020

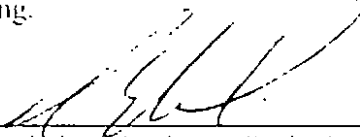
4. I, Mauricio Escobar, hereby withdraw/resign as a

(Print Name of Person Resigning)

Member Manager

(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)

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TALLAHASSEE, FL

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