113000100301

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



900250224109

08/01/13--01012--019 **25.00



AUG 0 2 2013 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CDR TEAM LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
SUSIE DLEON
(Contact Person)
DLEON INC
(Firm/Company)
11201 SW 55TH STREET UNIT 148
(Address)
MIRAMAR, FLORIDA 33025
(City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
SUSIE DLEON a. 954 6529475
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2} \frac{1}{2} \cdot \frac{1}{2} \cdo
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is: CDR TEAM LLC	pears on the records of the	Florida Depa	artmen	ıt
2. This limited liability company was organized under FLORIDA	er the laws of:		2019 /	وعتام
3. The Florida document/registration number of this L13000100201	limited liability company is	77 17 17 17 17 17 17 17 17 17 17 17 17 1	P	
4. I, CARLOS A VALENZUELA	, hereby resign as a MGR	STATE	1:22	A CHARLE
(Print Name of Person Resigning) of this limited liability company and affirm the lim resignation in writing.	ited liability company has b	(Print Title) peen notified	l of my	y*
Signature of Resigning Member, Managing Memb Filing Fee: \$25.00 (Required)	er or Manager			
Certified Copy: \$30.00 (Optional)				