L13000100380

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

Office Use Only



100377849061

resignation or dissociation or member/managed

01/04/22--01026--031 **50.00



A RAMSEY

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	PACADO INVESTMENTS, LLC (Name of Limited Liability Company)			
3000170.17				
The enclosed	I member, resignation or diss	sociation and fee(s) are submitted for filing.	
Please return	all correspondence concern	ing this matter to:		
JUAN P CANI	DELARIO			
	(Contact Person)		-	
PACADO IȘV	ESTMENTS, LLC w	****	•	
	(Firm/Company)		onter	
3305 CITRUS	€"T			
	(Address)		_	
TITUSVILLE.	. FL 32780			
	(City/State and Zip Code)		_	
For further i	nformation concerning this n	natter, please call:		
JUAN P CAN	DELARIO	407 at (489-8670)	
(N	lame of Contact Person)	(Area Code	2 & Daytime Telephone Number)	
Enclosed plo ■ \$25 Filin	ease find a check made payab g Fee		Department of State for: g Fee & Certified Copy	
	ng Address: stration Section		Street Address: Registration Section	
Divi	sion of Corporations		Division of Corporations	
	Box 6327 thassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



FILED

2021 DEC 13 AM 10: 25

SETREMARY OF STATE
TATE AHASSEE, FLOOR

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)

	Elimited liability company as it appears on the records of the Florida Department ADO INVESTMENTS, LLC
	ument/registration number assigned to this limited liability company is:
* * * * * * * * * * * * * * * * * * * *	cmber/manager withdrew/resigned or will withdraw/resign is:
4. 1. (Print)	, hereby withdraw/resign as a warme of Person Resigning)
MGRM	
	(Print Title)
of this limited lic resignation in w	ibility company and affirm the limited liability company has been notified of my riting.
August Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)