## 1/3000/4/943

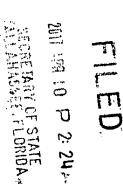
| (Red                                    | questor's Name)   |             |  |  |  |
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| (City                                   | y/State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |
| (Bus                                    | siness Entity Nar | me)         |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |
|   |                   |             |  |  |  |
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Office Use Only



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**S Warren** APR 11 2017



Robert E. Holmes Jr. †
Cynthla Thomson Diggs † ‡
Robert N. Eames †
Judith B. Sadler ◊
Stefanie Drew
Bret A. Bosker
Tesha Peeples
Calli Baldwin
Nathan Prihoda
Rachel Smith
Kristy Blurton

April 5, 2017

Via Mail

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

Re: Cause No. 2017-09301; In the Matter of the Marriage of Desiree Arredondo and Oscar Manuel Arredondo, and in the Interest of Bianca Arredondo, A Child; In the 257<sup>th</sup> District Court of Harris County, Texas.

To Whom It May Concern,

Enclosed please find an original signed Resignation of Member along with a \$55 check to cover the filing fee and certified copy fee. Once accepted, please return the certified copy to Desiree Arredondo at 805 Willard Street, Houston, Texas 77006.

Please contact our office if you have any questions. Thank you.

Thank you,

Erin Williams

Paralegal for Kristy M. Blurton

**Enclosed** 

## **COVER LETTER**

|                             |              | tration Section<br>ion of Corporations |               |   |
|-----------------------------|--------------|--|---------------|---|
| •                           |              | or or corporations                     |               |   |
| SUBJE                       | CT:          | DESOSC LLC                             |               |   |
|                             |              | (Name of Limited                       | Liability Con | ipany)  |
| The enc                     | losed        | member, resignation or dissociation    | n and fee(s   | are submitted for filing.                       |
| Please r                    | eturn        | all correspondence concerning this     | matter to:    |   |
| Desire                      | e Arr        | edondo                                 |               |   |
|                             |              | (Contact Person)                       |               | -   |
|                             |              |  |               |   |
|                             |              | (Firm/Company)                         | · · ·         | -   |
| 805 W                       | illard       | Street                                 |               |   |
|                             |              | (Address)                              |               | •   |
| Housto                      | n, Te        | exas 77006                             |               |   |
| antifica o mais appropriate | PP # 100 0 A | (City/State and Zip Code)              |               |   |
| For furt                    | her in       | formation concerning this matter, p    | lease call:   |   |
| Desire                      | e Arr        | edondo<br>at                           | 305           | 510-0745  |
|                             | (Na          |  | \             | & Daytime Telephone Number)                     |
| Enclose  \$25 F             | d plea       | ase find a check made payable to th    |               | epartment of State for:<br>Fee & Certified Copy |
|                             |              | DURIER ADDRESS:                        |               | MAILING ADDRESS:                                |
| Registra                    |              |  |               | Registration Section                            |
| Clifton 3                   |              | orporations                            |               | Division of Corporations<br>P.O. Box 6327       |
|                             |              | ve Center Circle                       |               | Tallahassee, Florida 32314                      |
|                             |              | Florida 32301                          |               | Tununassoo, t longa 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)

| 1. The name of the of State is:                                  | limited liability company as             | it appears on the reco  |                | Florida I    | Depar                          | tment |
|--|--|-------------------------|----------------|--------------|--------------------------------|-------|
| 2. The Florida docu<br>L1300014194                               | nment/registration number as             | ssigned to this limited | i liability co | ompany i     | s:                             |       |
|  | mber/manager withdrew/res                |                         |                |              | 20                             | 17    |
| 4. I,, hereby withdraw/resign as a, hereby withdraw/resign as a, |  |                         |                |              | and the angularity of the last |       |
| Managing Me  |  |                         |                |              |                                |       |
|  | (Print Title)                            |                         |                |              |                                |       |
| of this limited lia<br>resignation in wr                         | bility company and affirm thiting.       | e limited liability cor | npany has t    | een noti     | fied o                         | of my |
|  | 9 K)                                     |                         |                |              |                                |       |
| Signature of Di  | ssociating Member or Resig               | ning Manager            |                |              |                                |       |
| Filing Fee:<br>Certified Copy:                                   | \$25.00 (Required)<br>\$30.00 (Optional) |                         |                | ERETARY OF S | 15 FR 10 P                     | FILED |