113000147633

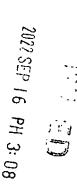
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

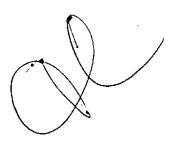
Office Use Only



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09/16/22--01035--001 **25.00





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ONE STRONG TOWER ENTERPH	
(Name of Lit	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
JULISSA RSOADO	
(Contact Person)	
DCM SERVICES CENTER INC	
(Firm/Company)	
7208 N ARMENIA AVENUE STE 1	
(Address)	
TAMPA, FL 33604	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
JULISSA ROSADO	813 9908630 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee	to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
1.O. DOX 0341	The Centre of Tallallassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Tallahassee, FL 32314



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)

	limited liability company as it appears on the	
2. The Florida doc:	ument/registration number assigned to this lim	
4. I, LIDIA CODREA (Print N MGR. OFFICER	mber/manager withdrew/resigned or will with aNU, hereby with ame of Person Resigning) (Print Title) bility company and affirm the limited liability	hdraw/resign as a
Filing Fee:	ssociating Member or Resigning Manager \$25.00 (Required) \$30.00 (Optional)	2022 SEP 16 PH 3: