

L13000149952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

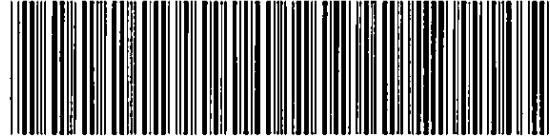
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/23/23--01005--007 \*\*55.00

2023 AUG 23 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

RECEIVED  
08/23/23

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Urgent Response Training, 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:

Abid Chaudhry

\_\_\_\_\_  
(Contact Person)

Urgent Response Training, LLC

\_\_\_\_\_  
(Firm/Company)

7365 SW 117th Avenue

\_\_\_\_\_  
(Address)

Miami, FL 33183

\_\_\_\_\_  
(City, State and Zip Code)

For further information concerning this matter, please call:

Abid Chaudhry

\_\_\_\_\_  
(Name of Contact Person)

at ( 305 ) 233-3911

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

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

19 JUL 2023  
STATE DEPT OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 23 PM 12:40



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)

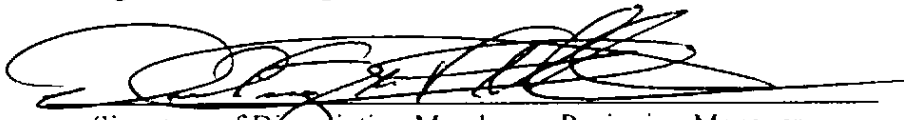
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Urgent Response Training, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000149952

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8.01.2023

4. I, David Nunez de Villavicencio, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Managing Member  
*(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)

2023 AUG 23 PM 12:40  
DIVISION OF CORPORATIONS