L13000 164317

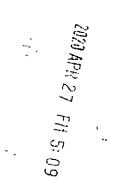
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500343146955

04/27/20--01025--011 **55.00



MAY 0 7 2020

COVER LETTER

TO: Regist	ration Section			
Divisi	on of Corporations			
SUBJECT:	Sample Plaza Center, LLC			
-	(Name o	of Limited	Liability Co	ompany)
The enclosed	member, resignation or di	ssociati	on and fee	(s) are submitted for filing.
Please return a	all correspondence concer	ning thi	s matter to	:
Leandro Paiva				
	(Contact Person)			
				_
	(Firm/Company)			_
17071 W Dixie I	fighaway suite 104			
	(Address)			-
North Miami Bea	ach, FL 33160			
	(City/State and Zip Code)			
For further info	ormation concerning this	matter, j	olease call:	:
Leandro Paiva		n1	305 (308-2483
(Nan	ne of Contact Person)		(Arca Code	& Daytime Telephone Number)
	e find a check made paya			
Spriling F	[?] cc		i \$55 Filin	g Fee & Certified Copy
Mailing.	Address:			Street Address:
Registration Section				Registration Section
	π of Corporations			Division of Corporations
P.O. Box 6327				The Centre of Tallahassee
Tallahasscc, FL 32314				2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

2020 APR 27 PH 5: 09



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 records of the Florida Department
of State is:	ple Plaza Center, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L13000164317	·
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Jono Vitor Naza	ware of Person Resigning), hereby withdraw/resign as a
(Print)	Name of Person Resigning)
Manager	
	(Print Title)
of this limited lie resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Cardified Conv.	\$30.00 (Ontional)