

LIB 000 164317

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



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

2020 APR 27 PM 5:09

MAY 07 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sample Plaza Center, 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:

Leandro Paiva

(Contact Person)

(Firm/Company)

17071 W Dixie Highway suite 104

(Address)

North Miami Beach, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Leandro Paiva

(Name of Contact Person)

305

at ( )

308-2483

(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

2020 APR 27 PM 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Sample Plaza Center, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000164317

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/17/2020

4. I, Joao Vitor Nazareth Menin Teixeira Souza, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(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)