

L14,000108446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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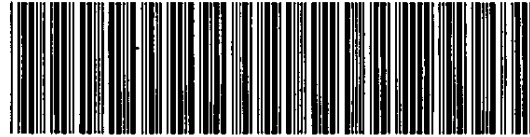
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MULENCIA HOLDINGS, 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:

CLAUDIA MUÑOZ
(Contact Person)

MULENCIA HOLDINGS, LLC.
(Firm/Company)

8104 N.W. 163 TER
(Address)

MIAMI LAKES, FL. 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA MUÑOZ at (305) 720-7735
(Name of Contact Person) (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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 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)

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

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

L14000108446

3. The date this member/manager withdraw/resigned or will withdraw/resign is: 7/23/2015

4. I, EFRAIN PALENCIA, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

x Efrain Palencia
Signature of Dissociating Member or Resigning Manager

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OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

* Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)