14000109745

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
J. HOR NE					
AR 1 / 2022					

Office Use Only



300383285523

03/09/22--01022--019 **25.00

2022 HAR -9 AH 8: 44 SECRETARY OF STORY

COVER LETTER

SUBJECT: (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: Alvaro Castillo, Esq. (Contact Person) Alvaro Castillo B., P.A. (Firm/Company) 1390 Brickell Ave Suite 200 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Alvaro Castillo (Name of Contact Person) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\begin{array}{ c c c c c c c c c c c c c c c c c c c	TO:	•	stration Section ion of Corporations			
(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: Alvaro Castillo, Esq. (Contact Person) Alvaro Castillo B., P.A. (Firm/Company) 1390 Brickell Ave Suite 200 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Alvaro Castillo at (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee Mailing Address: Registration Section Street Address: Registration Section		2	·			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Alvaro Castillo, Esq. (Contact Person) Alvaro Castillo B., P.A. (Firm/Company) 1390 Brickell Ave Suite 200 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Alvaro Castillo at (SUBJI	ECT:	654 HAMPTON, LLC			
Please return all correspondence concerning this matter to: Alvaro Castillo, Esq. (Contact Person) Alvaro Castillo B., P.A. (Firm/Company) 1390 Brickell Ave Suite 200 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Alvaro Castillo (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \text{S25 Filing Fee} \text{Mailling Address:} \text{Registration Section} \text{Registration Section}			(Name of Limit	ted Liability	Com	npany)
Alvaro Castillo, Esq. (Contact Person) Alvaro Castillo B., P.A. (Firm/Company) 1390 Brickell Ave Suite 200 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Alvaro Castillo at (305 371-5540) (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\leq \\$25 Filing Fee \[\leq \] Mailing Address: Registration Section \[\leq \text{Street Address:} \] Registration Section	The en	closed	l member, resignation or dissocia	ation and fo	ee(s) are submitted for filing.
(Contact Person) Alvaro Castillo B., P.A. (Firm/Company) 1390 Brickell Ave Suite 200 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Alvaro Castillo at () (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\frac{1}{2}\$	Please	return	all correspondence concerning	this matter	to:	
Alvaro Castillo B., P.A. (Firm/Company) 1390 Brickell Ave Suite 200 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Alvaro Castillo (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{array} \text{Street Address:} \text{Registration Section} \text{Mailing Address:} \text{Registration Section}	Alvaro	Castillo	o, Esq.			
(Firm/Company) 1390 Brickell Ave Suite 200 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Alvaro Castillo at () 305 371-5540 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\begin{align*} \text{S25 Filing Fee} \text{S55 Filing Fee & Certified Copy} \text{Mailing Address:} \text{Registration Section} \end{align*}			(Contact Person)			•
Miami, FL 33131 (City/State and Zip Code)	Alvaro	Castillo	B., P.A.			
Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Alvaro Castillo at (305 371-5540 at (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Registration Section Registration Section			(Firm/Company)			-
Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Alvaro Castillo (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\text{\$\text{\$S25\$ Filing Fee}}}} \sum_{\text{\$\text{\$\text{\$S55\$ Filing Fee}}}} \sum_{\text{\$\text{\$\text{\$\text{\$S55\$ Filing Fee}}}}} \sum_{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$S16\$}}}}}} \text{Registration Section}	1390 B	rickell A	Ave Suite 200			
For further information concerning this matter, please call: Alvaro Castillo (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$S25}\$ Filing Fee} \sum_{\text{\$S55}\$ Filing Fee & Certified Copy} \text{\text{Mailing Address:}}{\text{Registration Section}} \text{\text{\$Street Address:}}{\text{Registration Section}}			(Address)			•
For further information concerning this matter, please call: Alvaro Castillo (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\frac{825}{1000}}}\$ \sqrt{\text{\$\frac{825}{1000}}}\$ \sqrt{\text{\$\frac{825}{10000}}}\$ \sqrt{\text{\$\frac{825}{1000}}}\$ \sqrt{\text{\$\frac{825}{10000}}}\$ \sqrt{\text{\$\frac{825}{10000}}}\$ \sqrt{\text{\$\frac{825}{10000}}}	Miami,	FL 331	31			
Alvaro Castillo (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{array}{c} \text{ Mailing Address:} \\ \text{ Registration Section} \end{array}\$ Street Address: Registration Section			(City/State and Zip Code)	<u>-</u>		•
(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 Street Address: Registration Section Registration Section	For fur	ther in	formation concerning this matte	r, please c	all:	
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \text{S55} \text{ Filing Fee & Certified Copy} \end{align*} \text{Mailing Address:} & \text{Street Address:} \\ \text{Registration Section} & \text{Registration Section} \end{align*}	Alvaro	Castillo	,			371-5540
■ \$25 Filing Fee		(N:	ame of Contact Person)	(Area C	ode	& Daytime Telephone Number)
Mailing Address: Registration Section Street Address: Registration Section	Enclos	ed ple	ase find a check made payable to	the Florid	ia D	epartment of State for:
Registration Section Registration Section	■ \$25	Filing	; Fee	□ \$55 Fi	ling	Fee & Certified Copy
•		Mailin	g Address:			Street Address:
		_				——————————————————————————————————————
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee			•			<u>-</u>
170. 200 0227						2415 N. Monroe Street, Suite 810



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)

	e limited liability company as i	it appears on the records of the Florida Department
2. The Florida doc	cument/registration number ass	signed to this limited liability company is:
L14000109745		
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:
Juan Urruela		hereby withdraw/resign as a
(Print 1	Name of Person Resigning)	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in w		limited liability company has been notified of my
Mau	Mr/a	
Signature of D	issociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	