

L14000172670

(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



700268408957

01/20/15--01013--020 **25.00

Resignation

FILED
2015 JAN 20 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
2/4/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MELBA ORTEGA DE SOLANO & GISELA SOLANO DE ORTEGA LL
(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:

MELBA ORTGA DE SOLANO

(Contact Person)

(Firm/Company)

1021 HONEY BLOSSOM DR

(Address)

ORLANDO FL 32824

(City/State and Zip Code)

For further information concerning this matter, please call:

MELBA ORTEGA

(Name of Contact Person)

at (321) 947 7642
(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



FILED

2015 JAN 20 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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: MELBA ORTEGA DE SOLANO & GISELA SOLANO ORTEGA LLC

2. The Florida document/registration number assigned to this limited liability company is:
L 14000172670

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/15/2014

4. I, ROSA HERNANDEZ SOLANO, hereby withdraw/resign as a
(Print Name of Person Resigning)

VP

(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)