

5/7/2021

Second transmission
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Division of Corporations

L14000183900

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC
Account Number : I20140000082
Phone : (305)644-9144
Fax Number : (786)477-5802

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HIGHSEAS ENTERPRISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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2021 MAY 24 PM 1:05

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: HIGHSEAS ENTERPRISE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000183900

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2020

4. I, DINORAH SANTA ANA DA SILVA, 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

Dinorah Santa Ana da Silva

Signature of Dissociating Member or Resigning Manager

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