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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, LLC  
Account Number : 120000000019  
Phone : (305)552-5973  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CHURRICO FACTORY, LLC**

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SEP 05 2019

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19 SEP -4 AM 11:55:22

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)19 SEP -4 AM 11:00  
FILED

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Churico Factory, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L15000002430
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/04/2019
4. I, FREDDY PALOMINO, 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.

Signature of Dissociating Member or Resigning Manager

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