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From:					
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	Phone : (407)898-1757				
	Fax Number : (407)897-5336				
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2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

## COVER LETTER

TO:	_	stration Section sion of Corporations				
SUBJI	ECT+	OLYMPIA PARTNERS LLC				
5000	LQ1.	(Name of Limited Liability Company)				
The en	closed	I member, resignation or disso	ciation and fee(	s) are submitted for filing.		
Please	return	all correspondence concernin	g this matter to:			
VICTO	R ALF	REDO RIVERA				
		(Contact Person)		_		
ACCOL	JNT BO	OOKKEEPING CORP				
		(Firn/Company)				
5301 CC	ONROY	Y RD SUITE 140				
		(Address)	<del></del>	_		
ORLAN	DO FL	. 32811				
		(City/State and Zip Code)		<del>-</del>		
For fur	ther in	nformation concerning this ma	tter, please call:			
VICTO	R ALFI	REDO RIVERA	407 at (	\$98-1757 _)		
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclose ≣ \$25		ase find a check made payable g Fee		Department of State for: g Fee & Certified Copy		
	Regis Divis	g Address: tration Section ion of Corporations Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee		

CR2E079 (2/14)

Tallahassee, FL 32314

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## 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)

of State is:	<u> </u>
2. The Florida document/registration number assigned L15000004621	to this limited liability company is:
3. The date this member/manager withdrew/resigned of	or will withdraw/resign is:
4. I, ADRIANO CRUZ LUPO  (Print Name of Person Resigning), I	hereby withdraw/resign as a
AMBR	
(Print Title)  of this limited liability company and affirm the limit	ed liability company has been notified of my
resignation in writing.	
Signature of Dissociating Member or Resigning M	2022 JUL 26
	26 PM
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CR2E079 (2/14)