(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:		
J DENNIS		
JUL 3 1 2023		

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COVER LETTER

Division of Corporations		
INTRACO LLC		
SUBJECT: (Name of Limited	Liability Co	ompany)
The enclosed member, resignation or dissociation	on and fee	(s) are submitted for filing.
Please return all correspondence concerning this	s matter to	:
Federico Rafael Escalona		
(Contact Person)		
Intraco LLC		
(Firm/Company)		
7102 SW 78 CT		
(Address)		
Miami, FL 33143		
(City/State and Zip Code)		- -
For further information concerning this matter,	please cal	1:
Enrique Nowogrodzki CPA	954 .t (261 2413
(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida	Department of State for:
■ \$25 Filing Fee	\$35 Fili	ng Fee & Certified Copy
Mailing Address:	_	Street Address:
Registration Section	-	Registration Section Division of Corporations
Division of Corporations P.O. Box 6327	•	The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303

CR2E079 (2/14)





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)

The name of the limited liability company as it of State is: INTRACO LLC	appears on the records of the Florida Department
2. The Florida document/registration number assi	gned to this limited liability company is:
3. The date this member/manager withdrew/resign	ned or will withdraw/resign is:
4. I, Print Name of Person Resigning)	
Manager	
of this limited liability company and affirm the line resignation in writing.	limited liability company has been notified of my
Signature of Dissociating Member or Resigning	ng Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	2023 MAY 30