## L15000051660

(Requestor's Name)			
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PICK-UP WAIT MAIL			
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Special Instructions to Filing Officer:			

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## **COVER LETTER**

Division of Corporations TRANSDOCE LLC SUBJECT: \_ (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: Elisa Maria Meza de Guerrero (Contact Person) Transdoce LLC (Firm/Company) 5755 NW 115TH CT., #102 (Address) Doral, Florida, 33178 (City/State and Zip Code) For further information concerning this matter, please call: Elisa Maria Meza de Guerrero (Area Code & Daytime Telephone Number) (Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for:

Mailing Address:

■ \$25 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(2855 Filing Fee & Certified Copy

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	cument/registration number assign	ned to this limited liability company is:
L15000051660	· ·	
3. The date this m	- nember/manager withdrew/resigne	d or will withdraw/resign is:
1. I, Elisa Sander	Name of Person Resigning)	_, hereby withdraw/resign as a
AMBR	riance of version resigning)	
	(Print Title)	
resignation in w	à ander	nited liability company has been notified of my
	Dissociating Member or Resigning S25.00 (Required)	Manager
-	\$30.00 (Required) //	