

L15000070368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

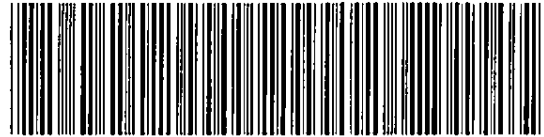
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. DENNIS  
02.03.25

Office Use Only



300438979893

11/22/24--01018--013 \*\*25.00

2024 NOV 22 AM 10:06  
SECRETARY OF STATE  
CLERK OF COURT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIMA CONSULTING SERVICES LLC  
\_\_\_\_\_  
(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:

MARIA DEL CARMEN LIMA  
\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

17057 GULF PINE CIRCLE  
\_\_\_\_\_  
(Address)

WELLINGTON, FL 33414  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA DEL CARMEN LIMA                      561                      818-6397  
\_\_\_\_\_  
(Name of Contact Person)                      at (\_\_\_\_\_)                      (Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

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



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: LIMA CONSULTING SERVICES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000070368

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/14/2024

4. I, MARIA DEL CARMEN LIMA, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Maria del Carmen Lima  
Signature of Dissociating Member or Resigning Manager

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

2024 NOV 22 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA