L15000080206

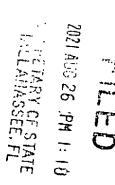
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

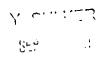




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08/28/21--01019--022 **25.00





COVER LETTER

Registration Section Division of Corporations

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Miam. Property 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:
Rafaal Armando Delgado (Contact Person)
Migmi Proparty Services LLC (Firm/Company)
79315W 36 ten (Address)
Miami-fc 33155
(City/State and Zip Code)
For further information concerning this matter, please call:
2 Cafael A Delgadu at (786) 584-0309 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee \$25 Filing Fee & Certified Copy

Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



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: Miam. Przoparty Sarvices LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L15000080206
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/23/2
4. I, Rafael Alberto Dalgado SR, hereby withdraw/resign as a (Print Name of Person Resigning)
MGR (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 of Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)