

L15000083846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

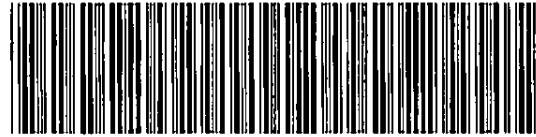
(Business Entity Name)

(Document Number)

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

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09/26/18--01017--002 \*\*25.00

FILED  
18 SEP 26 AM 9:00  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

K SALY  
OCT -1 2018



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
18 SEP 26 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: CECCALDI LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000083846

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/0118

4. I, LUZ OLGA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Title Manager  
*(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 or Resigning Manager

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