

L15000096782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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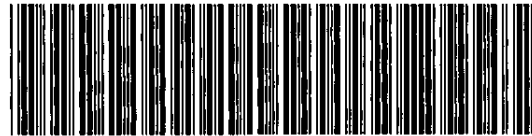
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Canopos Limited, 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:

Isis Valle
(Contact Person)

Isis Valle, P.A.
(Firm/Company)

3625 NW 82 Avenue, Suite 401
(Address)

Miami, Florida
(City/State and Zip Code)

For further information concerning this matter, please call:

Isis Valle at 305 7220606
(Name of Contact Person) (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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**RESIGNATION OF MANAGER OF
CANOPOS LIMITED, LLC, A FLORIDA LIMITED LIABILITY COMPANY**

I, Luis Gonzalez, the undersigned, effective immediately hereby resign as Manager, of Canopos Limited, LLC, a Florida liability company, Document Number L15000096782, and submit this resignation to the Florida Department of State Division of Corporations and request that office notice be taken.

Executed this 21 day of October, 2016.



Luis Gonzalez

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TALLAHASSEE, FLORIDA