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From:

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Account Number : I20150000097 Phone : (305)274-8200 Fax Number : (305)273-3131

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Email Address: MMARVESU & GMAIL. COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LASHERAS PARTNERS LLC

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## 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)

The name of the limited liability company as it appears on the records of the Florida Department of State is:  LASHERAS PARTNERS LLC	
2. The Florida document/registration number assigned to this limited liability company is: L15000143333	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:  4. I, ALEJANDRO LASHERAS LOPEZ  (Print Name of Person Resigning)  Authorized Member (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)	16 SEP 23 AM 9: 32

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