

L15000161768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

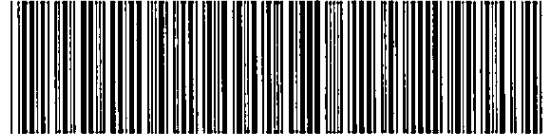
(Business Entity Name)

(Document Number)

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STATE OF FLA  
TALLAHASSEE, FLORIDA

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OCT - 1 2018



FILED  
18 SEP 26 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: MAUDLO LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000161768

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)