## L15000185435

(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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06/19/24--01008--005 \*\*25.00



#### **COVER LETTER**

TO:		Registration Section Division of Corporations			
	DIVISI	on or corporations			
SUBJ	JECT:	ZAPLA INVESTMENT O			
		(Name of L	imited Liability Cor	mpany)	
The e	nclosed	member, resignation or disso	ociation and fee(s	s) are submitted for filing.	
Please	e return	all correspondence concernir	ig this matter to:		
	VALE	RIA RODRIGUEZ			
		(Contact Person)		_	
-		(Firm/Company)		_	
	3785 1	NE 168 STREET		_	
		(Address)			
	NORT	H MIAMI BEACH, FL 3316	60		
		(City/State and Zip Code)		_	
For fi	arther in	formation concerning this ma	atter, please call:		
VA	ALERIA	RODRIGUEZ	<sub>at (</sub> 786	208-6957	
	(Na	ame of Contact Person)		e & Daytime Telephone Number)	
Enclo	sed plea	ase find a check made payabl	e to the Florida I	Department of State for:	
<b>⊠</b> \$2	25 Filing	; Fee	☐ \$55 Filin	g Fee & Certified Copy	
	<u>Mailin</u>	g Address:		Street Address:	
	Regis	tration Section		Registration Section	
		ion of Corporations		Division of Corporations	
		Box 6327		The Centre of Tallahassee	
	raliai	nassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# 2024 JUN 19 PM SECRETARY FROM NAME TALLAHASSER NAME TALLAHASTER NAME TALLA

### DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER TROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY =

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company a	is it appears on the records of the Florida Department
of State is:	ZAPLA INVESTMENT G	ROUP, LLC.
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L1500018543	35	
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is: 4-17-24
4. 1, VALERIA R	ODRIGUEZ  Name of Person Resigning)	, hereby withdraw/resign as a
MANAGER	₹	
	(Print Title)	
of this limited lia resignation in w		the limited liability company has been notified of my
Signature of D	iss <b>periali</b> ng/Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	