## L15000 190078

(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:			
Special motivations to 1 ming smoot.			

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JUNE TOTETO	anoval Realty, CCC ited Liability Company)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Carla Martinez (Contact Person)	
JADE INTERNATIONAL BOOM	m,cle
2000 Ponce de Kan 24 VD=	* 600
(City/State and Zip Code)	<del></del>
For further information concerning this matt	er. please call:
Cana Martines	at (784 ) 999 - 9692
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	o the Florida Department of State for:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



## 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:	Jape Interna	nunal realty, CC	<u> </u>
2. The Florida doc	ument/registration number as	signed to this limited liability c	ompany is:
LIS 001	2190078	<del></del>	
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is	12/31/2018
4. 1. LUCA T	OTTONE 'ame of Person Resigning)	, hereby withdraw/resign a	s a
Manage	(Print Title)		
of this limited lia resignation in wr		e limited liability company has	been notified of my
	CZ0		
Signature of Di	issociat <del>ing Me</del> mber or Resign	ning Manager	3091 OCT 20
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		f 20
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