

# L15000195873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

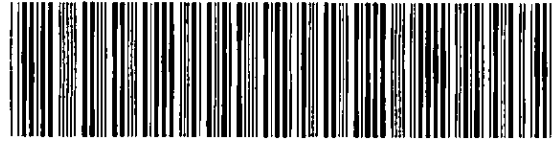
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2024 AUG 29 AM 11:59

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INVERSIONES CASA NUEVA NSDCS, 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:

DI CARLO DIANA MARIA

\_\_\_\_\_  
(Contact Person)

INVERSIONES CASA NUEVA NSDCS, LLC

\_\_\_\_\_  
(Firm/Company)

101 MONTEREY BAY DR

\_\_\_\_\_  
(Address)

BOYNTON BEACH , FL 33426

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

DI CARLO DIANA MARIA

\_\_\_\_\_  
(Name of Contact Person)

561 814 0120

at (\_\_\_\_\_) \_\_\_\_\_  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FILED  
2024 AUG 29 AM 11:55  
ESTATE  
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)

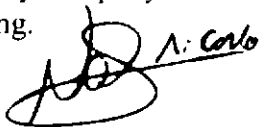
1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: INVERSIONES CASA NUEVA NSDCS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000195873

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08 / 21 / 2024

4. I, NOE. DI CARLO, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MGRM  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

  
A. Carlo

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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at ( )

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2024 AUG 29 AM 11:59  
ESTABLISHED 1845

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\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)