

L15000202255

(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:

Office Use Only



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2021 JUN 14 PM 3:02

FILED

cc
Boisjournion

JUN 17 2021
ALBRITTON

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SUBJECT: CARSON ASSET MANAGEMENT LLC
(Name of Limited Liability Company)

Please return all correspondence concerning this matter to:

(Contact Person)

(Firm/Company)

{Address}

(City/State and Zip Code)

_____ at (_____) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

☐ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy**Street Address:**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN 14 PM 2:56

U.S. DEPT. OF JUSTICE
TALLAHASSEE, FL 32314

May 27, 2021

TERESITA F. MIYARES
130 MADEIRA AVENUE
CORAL GABLES, FL 33134

SUBJECT: CARSON ASSET MANAGEMENT LLC
Ref. Number: L15000202255

We have received your document for CARSON ASSET MANAGEMENT LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the date resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 021A00011598



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2021 JUN 14 PM 3:02
TALLAHASSEE, FL

**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: CARSON ASSET MANAGEMENT LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000202255

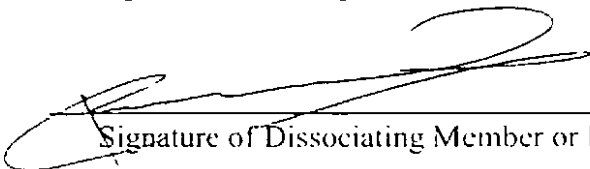
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/31/2021

4. I, RICARDO OLIVO, hereby withdraw/resign as a
(Print Name of Person Resigning)

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)