## 415000203337

(Requestor's Name	)
(Address)	†
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(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ame)
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## COVER LETTER

TO:	Registration Section	dn	
	Division of Corpo	fations	
SUB.	GUASAI	RE INVESTMENTS LLC	
		(Name of Limited Liability C	Company)
The e	nclosed member, res	signation or dissociation and fe	e(s) are submitted for filing.
Pleas	e return all correspor	dence concerning this matter t	10:
VICTO	OR M NUNEZ		
	(Cor	tact Person)	
CNA '	FAX AND ACCOUNTI	NG	
	(Fire	n/Company)	
101 B	ECKET LN, SUITE 402		
	(/	ddress)	<del></del>
FAYE	TTEVILLE, GA 30214		<u> </u>
	(City/St	ite and Zip Code)	
For fi	irther information co	ncerning this matter, please ca	
VICTO	OR M. NUNEZ	470 at (	429-4553 )
	(Name of Contac	t Person) (Area Co	ode & Daytime Telephone Number)
Enclo	sed please find a ch	ck made payable to the Florida	a Department of State for:
<b>=</b> \$2	5 Filing Fee	☐ \$55 Fil	ing Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corpo	rations	Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32	<u> </u>	2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

CR2E079 (2/14)



## 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)

	JASARE INVESTMENTS LLC
2. The Florida docume	ent/registration number assigned to this limited liability company is:
4. I. NEHOMAR J C (Print Name MEMBER	ASTRO CASTRO, hereby withdraw/resign as a of Person Resigning)  ut Title;
of this limited liability resignation in writing	y company and affirm the limited liability company has been notified of my
Filing Fee:	ciating Member or Resigning Manager  S25.00 (Required) S30.00 (Optional)