

L16000045335

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SANATSA REPRESENTACIONES 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:

GUSTAVO CASTILLO CPA

(Contact Person)

CASTILLO CPA PA

(Firm/Company)

9750 NW 53RD ST , STE 337

(Address)

DORAL, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

GUSTAVO CASTILLO

(Name of Contact Person)

at ( 305 )

282-3458

(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

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

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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: SANATSA REPRESENTACIONES LLC

2. The Florida document/registration number assigned to this limited liability company is: L16000045335

3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 30, 2016

4. I, JACQUELINE CASANAS, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

Manager- Member

*(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: (Required)  
Certified Copy: (Optional)

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