

216000048486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

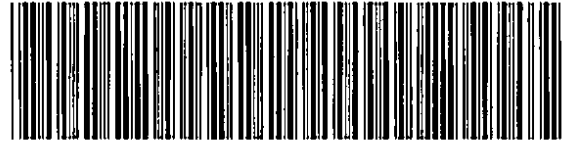
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 AUG 16 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

UHS  
08-23-18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRESUP 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:

HERBERT PENA

(Contact Person)

CALVINO & ASSOCIATES INC

(Firm Company)

14331 SW 120TH CT

(Address)

MIAMI, FL 33186

City/State and Zip Code

For further information concerning this matter, please call:

HERBERT PENA

305 909-9556

and

(Name of Contact Person)

(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



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: TRESUP LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000048486

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 3, 2018

4. I, ABEL BOLANOS MARTINEZ, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(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)

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