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COVER LETTER

Division of Corporations TELECLARO LLC SUBJECT: (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: ROBERTO MARTORELL (Contact Person) MARTORELL'S OFFICE CORP (Firm Company) 14850 SW 26 ST #103 (Address) MIAMI, FL 33185 (City State and Zip Code) For further information concerning this matter, please call: ROBERTO MARTORELL 786 __ at (____ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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)

	limited liability company as	it appears on the records of the Fl	orida D	epartn	nent
2. The Florida doci	ument/registration number as	ssigned to this limited liability con	1pany is TALL 52 12/04/2011		
		ned or will withdraw/resign is:, hereby withdraw/resign as a	77.	à	- 1
MGR	lame of Person Resigning) (Print Title)		70000 711-	PH 1:22	
resignation in wr		e limited liability company has be	en notif	ied of	my
Filing Fee: Certified Copy:	\$25,00 (Required) \$30.00 (Optional)				