4160000084644

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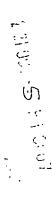
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LACROSS ENTERPRISE GROUP, LL (Name of Limited Liability Control Limited Liability Control Lia	
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter t	o:
VALERIA RODRIGUEZ (Codtret Berson) (Firm Company)	
3785 NE 168TH. STREET (Address)	<u> </u>
NORTH MIAMI BEACH, FL 33160 (City/State and Zip Code) For further information concerning this matter, please ca	 -
VALERIA RODRIGUEZ at (786	ր 208-6957
	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida ✓ \$25 Filing Fee ✓ \$55 Filing	Department of State for: ing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it appears on the	records of the Florida Department
of State is: LAC	CROSS ENTERPRISE GROUP, LLC.	
2. The Florida doc	ument/registration number assigned to this lin	nited liability company is:
L1600008464		
3. The date this me	ember/manager withdrew/resigned or will with	ndraw/resign is: 9-27-21
4. I, VALERIA R	ODRIGUEZ , hereby wit	hdraw/resign as a
MANAGER	(Print Title)	
of this limited lia resignation in wi	ability company and affirm the limited liability riting.	ار ان ان
Signature of D	issociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	