L16000087091

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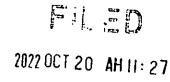
TO: Registration Section Division of Corporations 3 LA ENTERPRISE LLC SUBJECT: _____ (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Amauri A Mota (Contact Person) 3 La Enterprises LLC (Firm/Company) 1865 79TH STREET CSWY APT 10i (Address) NORTH BAY VILLAGE, FL 33141-4223 (City/State and Zip Code) For further information concerning this matter, please call: Amauri A Mota 954 708-3833 (Name of Contact Person) (Area Code & Davtime 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: MAILING ADDRESS:

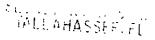
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

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)

3 L	A ENTERPRISE LLC	s it appears on the records of the Florida Departmen
2. The Florida do L16000087091		ssigned to this limited liability company is:
		09/07/2022
 The date this n Amauri A M 		signed or will withdraw/resign is:
		, hereby withdraw/resign as a
(Prin	(Name of Person Resigning)	,
Vice President	^	
	(Print Title)	
of this limited I resignation in v		ne limited liability company has been notified of my
Signature of I	Dissociating Member or Resis	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	