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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

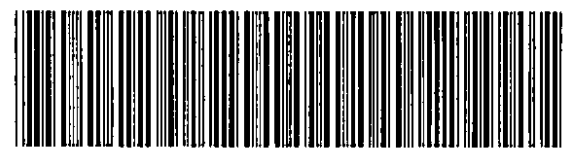
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2018 AUG 28 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

LTS  
9-6-18

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRELHA E OLIVEIRA LLe  
(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:

Luide Patricia de Oliveira Santos  
(Contact Person)

TRELHA E OLIVEIRA LLC  
(Firm/Company)

7001 Lake Manaha Dr  
(Address)

Orlando FL 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

Luide Santos at (407) 218 2955  
(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



**FILED**

**2018 AUG 28 PM 1:39**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

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: TRELLHA E OLIVIERA LLC

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


L16000002562

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/13/18

4. I, TRELLHA E OLIVIERA, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMB  
(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)