

**L16000 121531**

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

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

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

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

☐

PICK-UP

☐

WAIT

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MAIL

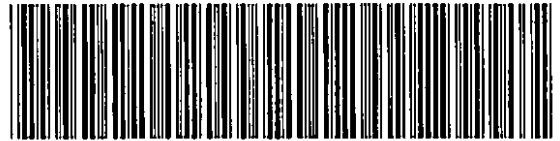
\_\_\_\_\_  
(Business Entity Name)

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

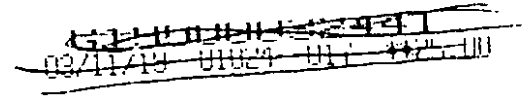
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/11/19--01024--017 \*\*25.00

**FEB 11 2019**  
**AM 10:20**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Surprise Factor 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:

Carmen Victoria Pardo

(Contact Person)

Surprise Factor LLC

(Firm/Company)

5716 NW 101st Ct

(Address)

Doral, Florida 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

Carmen Victoria Pardo

(Name of Contact Person)

at ( 786 ) 9756228

(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

2019 MAR 11 AM 10:20

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: Surprise Factor LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000121531

3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 5, 2019

4. I, Lila M. Alvarado Franco, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "Lila M. Alvarado Franco".

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)