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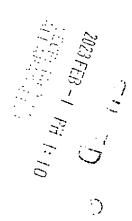
(Requestor's Name)		
(Add	dress)	
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COVER LETTER

Division of Corporations	
Istambul, LLC SUBJECT:	
(Name of Limited I	.iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Richard F. Kondla	
(Contact Person)	• •• ••
Richard Kondla, PA	
(Firm/Company)	
3929 NE 171 Street	
(Address)	
North Miami Beach, Florida 33160	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
	305 9863025
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing 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



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

(Pursuant to 605.0216, Florida Statutes)

		y as it appears on the records of the Florida Department
of State is:		·
2. The Florida doc	ument/registration numbe	er assigned to this limited liability company is:
L16000128667	-	
3. The date this me	ember/manager withdrew/	/resigned or will withdraw/resign is: January 26,2023
4. 1, Constanza Loxano Villegas (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	Name of Person Resigning)	
Manager		
	(Print Title)	_ '
of this limited lia resignation in wr	· · ·	n the limited liability company has been notified of my
Signature 67D	a hauto issociating Member or Re	esigning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:		