# L16000172881

(Requestor's Name)				
(Äddress)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
mud date 4213				

Office Use Only



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2021 MAY -5 PM 3: 16 SECRETARY OF STATE

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JUN 0 8 2021

D CUSHING

### COVER LETTER

TO: Registration	on Section					
	of Corporations					
SUBJECT: MAY	'ERS VASQUEZ PROPEI	RTIES LLC				
	(Name o	of Limited Liability Co	mpany)		-	
The enclosed men	nber, resignation or di	ssociation and fee(	s) are submitted f	for filing.		
Please return all c	orrespondence concer	ning this matter to:				
JOSE A VASQUEZ						
	(Contact Person)		_			
MAYERS VASQUEZ PROPERTIES LLC			S	20:		
<del></del>	(Firm/Company)		_	CAL	7H 15	rac
PO BOX 267641				TAR	1021 HAY -5	1
	(Address)		_	ARY OF		F
WESTON, FL 33326				PH 3: 1:	C	
	(City/State and Zip Code)			, <u>u</u>	<u></u>	
For further inform	ation concerning this	matter, please call:				
JOSE A VASQUEZ		954 at (	609-1319			
(Name o	f Contact Person)		& Daytime Telepl	hone Number)	-	
Enclosed please fi \$25 Filing Fee	nd a check made paya		Department of Sta g Fee & Certified			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Corp The Centre of Ta	porations allahassee	010		

Tallahassee. FL 32303



REGEIVED

2021 MAY -5 PM 12: 31

#### FLORIDA DEPARTMENT OF STATE Division of Corporations SECHA C TALLAHABRIZ, FE

April 13, 2021

JOSE A VASQUEZ MAYERS VASQUEZ PEOPERTIES LLC PO BOX 267641 WESTON, FL 33326

SUBJECT: MAYERS VASQUEZ PROPERTIES LLC

Ref. Number: L16000172881

We have received your document for MAYERS VASQUEZ PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 121A00007621

www.sunbiz.org



#### 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: MAYERS VASQUEZ PROPERTIES L	LC
2. The Florida document/registration number as	signed to this limited liability company is:
L16000172881	
3. The date this member/manager withdrew/resi	gned or will withdraw/resign is:
4. I, HERMANN C MAYERS CAICEDO	, hereby withdraw/resign as a
4. I, (Print Name of Person Resigning)	
AUTHORIZED MEMBER	
(Print Title)	
of this limited liability company and affirm the resignation in writing.  Signature of Dissociating Member or Resignation	e limited liability company has been notified of my
Signature of Dissociating Member of Resign	mig ivianagei
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	