L/600173300

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Easilises Charly Name,
(Document Number)
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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: OLD VIKING LLC		
	mited Liability C	ompany)
The enclosed member, resignation or dissoc	ciation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to):
Eduardo Ernesto Jimenez		
(Contact Person)		
(Firm/Company)		
1120 102 Ct A 5#24		
1120 102 St Ap#24		
(Address)		
Miami, Florida 33154		
(City/State and Zip Code)		_
For further information concerning this mat	ter. please cal	f:
Eduardo E. Jimenez	786 _ at (287-3998
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida	Department of State for:
■ \$25 Filing Fee		ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)



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)

	e limited liability company as	it appears on the records of the	Florida Departr	nent
	cument/registration number as	ssigned to this limited liability co	ompany is:	
3. The date this m	ember/manager withdrew/resi	igned or will withdraw/resign is:	08/18/2021	
4. I. Eduardo Er	nesto Jimenez	, hereby withdraw/resign as	s a	
	nd Managing Member			
	(Print Title)			
of this limited li resignation in w		e limited liability company has t		•
Edua	erdo Jimenez		78 170	2001 62
Signature of I	Dissociating Member or Resign	ning Manager	P10 A	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AMII: 38	E O
				Ø.