1600018	4950

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer: WIONS FOIM			
Office Use Only			



10/16/17--01018--008 \*\*35.00

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2017

CECILIA GARCIA 135 SUNSET WAY MIAMI SPRINGS, FL 33166

SUBJECT: QUERCHEZ, LLC Ref. Number: L16000184950

We have received your document for QUERCHEZ, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$15.00.

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 917A00024870

www.sunbiz.org



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2017

CECILIA GARCIA 135 SUNSET WAY MIAMI SPRINGS, FL 33166

SUBJECT: QUERCHEZ, LLC Ref. Number: L16000184950

We have received your document for QUERCHEZ, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 817A00022534

www.sunbiz.org

Division of Comparations PO POV 6297 Tallahagana Florida 29214

### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2017

QUERCHEZ, LLC 3891 NW 4 TERR MIAMI, FL 33126

SUBJECT: QUERCHEZ, LLC Ref. Number: L16000184950

We have received your document for QUERCHEZ, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 917A00021091

www.sunbiz.org

Division of Cornorations - P.O. BOX 6327 - Tallabassee Florida 32314

# **COVER LETTER**

TO: **Registration Section Division of Corporations** 

()ver<u>chez, LLL</u> SUBJECT:

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

(Firm/Company)

Unset

Miami Springs, FI 33166

For further information concerning this matter, please call:

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(Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Gopy □ \$25 Filing Fee

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

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)

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- 1. The name of the limited liability company as it appears on the records of the Florida Department HARCHEZ, LUC of State is:
- 2. The Florida document/registration number assigned to this limited liability company is:

116000184950

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

\_\_\_\_\_, hereby withdraw/resign as a 4. L (Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been not interest of my resignation in writing. JAN 11

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)

CR2E079 (2/14)