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COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: DONDE LUCHO. LLC		
(Name of L	imited Liability Cor	npany)
The enclosed member, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please return all correspondence concernir	ng this matter to:	
LUIS F. GAVIRIA		
(Contact Person)		_
(Finn/Company)		_
6844 PARK BLVD		
(Address)		_
PINELLAS PARK, FL 33781		
(City/State and Zip Code)		_
For further information concerning this ma	atter, please call:	
LUIS F. GAVIRIA	727 at (202-6610
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payabl ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section Division of Corporations
Division of Corporations Clifton Building		P.(). Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)







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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department DE LUCHO. LLC
2. The Florida docu L16000195170	ment/registration number assigned to this limited liability company is:
	mber/manager withdrew/resigned or will withdraw/resign is: 07-07-2017
4, I,	
	ame of Person Resigning)
MGR	
!	Print Title)
resignation in wri	oility company and affirm the limited liability company has been notified of my ting. A Wiwe T
Signature of Dis	ssociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)