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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
$\overline{}$	Limited Liability Company)
The enclosed member, resignation or dis-	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Rofael A Svarez.	
(Firm/Company)	
4075 PILLE RIDGE R	d # 3
Naples Fl. 34119	<u> </u>
(City/State and Zip Code)	
For further information concerning this n  Rafie   A Ville Z.  (Name of Contact Person)	·
Enclosed please find a check made payat  \$25 Filing Fee	ble to the Florida Department of State for:  \$\mathbb{X}\$ \$55 Filing Fee & Certified Copy
Mailing Address:	Stront Address

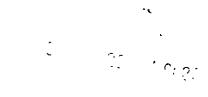
#### **Mailing Address:**

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





### 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)

	limited liability company as it appears on the records of the Florida Department
	ment/registration number assigned to this limited liability company is:
17-0000	02244
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 05/24/2020
4. I. <u>Mario</u> Print N	Eddy Rodrigue
	Print Title)
of this limited liab resignation in wr	oility company and affirm the limited liability company has been notified of my tings
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Optional)