

L17000028011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

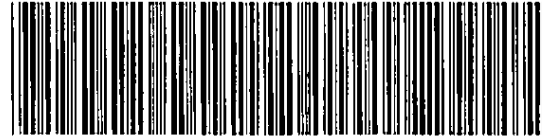
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NELSON TARACIDO, PA

8700 West Flagler Street

Suite 290

Miami, Florida 33174

786-888-1599 Office

866-832-8264 Facsimile

October 4, 2017

Via Fed-Ex

Florida Department of State

Registration Section

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Re: Tao 903 LLC- Document Number - L17000028011

Dear Sir/Madam:

Please find enclosed a Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company being submitted for recording. Upon its approval and filing, please provide our office with a certified copy of said Dissociation/Resignation. Additionally, please find enclosed a check payable to Florida Department of State in the amount of \$55.00, representing the filing fee of the Statement of Authority and a certified copy of same.

Please return the original and certified copy of the Statement of Authority to our office in the self addressed FedEx envelope provided for your convenience.

Thank you in advance for your courtesy and prompt response to this matter.

Should you have any questions, please feel free to contact our office.

Sincerely,

/S/Joseph Varona, Esq.

Associate Attorney to Nelson Taracido, Esq.

Enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAO 903 LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

NELSON TARACIDO, ESQ.

(Contact Person)

NELSON TARACIDO, P.A.

(Firm/Company)

8700 West Flagler Street, Suite 290

(Address)

Miami, Florida 33174

(City/State and Zip Code)

For further information concerning this matter, please call:

Nelson Taracido, Esq

(Name of Contact Person)

at (786) 888-1599

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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



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: TAO 903 LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000028011

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

4. I, BEATRIZ MOTTAZ COIRAN, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Beatriz Mottaz
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)