

L17000032044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

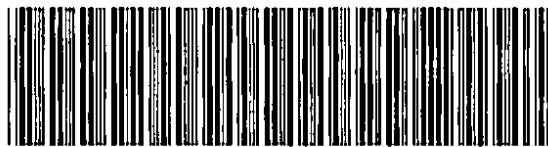
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

date withdrawn

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2021

JOSEAN CRUZ
4020 GREYSTONE DR
CLERMONT, FL 34711

SUBJECT: SOMIAR, LLC
Ref. Number: L17000032044

We have received your document for SOMIAR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 721A00003818

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOMIAR, 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:

JOSEAN CRUZ
(Contact Person)

SOMIAR, LLC
(Firm/Company)

4020 GREYSTONE DRIVE, CLERMONT, FL
(Address)

CLERMONT, FL, 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEAN CRUZ at (267) 301 - 9750
(Name of Contact Person) (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

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



2021 MAR -5 PM 3:44

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: SOMIAR, LLC

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

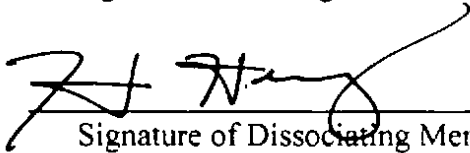
LI7000032044

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-14-20

4. I, HECTOR HERNANDEZ, hereby withdraw/resign as a
(Print Name of Person Resigning)

COO/OPERATING MANAGER
(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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