L17000062273

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	- '
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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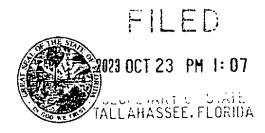
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2071 ANASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MIAMI MONTEREY GROUP I (Name of Limited I	
(Name of Linned I	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
ERNESTO V. GIOVANARDI	
(Contact Person)	
MIAMI MONTEREY GROUP LLC	
(Firm/Company)	
7500 NW 25 STREET SUITE 246	
(Address)	
MIAMI, FL 33122 (City/State and Zip Code)	· · · · · ·
· · · · · ·	
For further information concerning this matter, p	lease call:
	786) 372-1391 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee ☐	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address:
Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

1. The name of the limited liability company as it a	appears on the records of the Florida Department
of State is: <u>MIAMI MONTEREY GROUP L</u>	l.C.
2. The Florida document/registration number assig	ned to this limited liability company is:
L17000062273	
3. The date this member/manager withdrew/resigned	ed or will withdraw/resign is: 17-03-2023
4. I. IRENE GABRIELA BRUNO (Print Name of Person Resigning)	_, hereby withdraw/resign as a
MEMBER AND MANAGER (Prim Title)	
of this limited liability company and affirm the li- resignation in writing.	mited liability company has been notified of my
Signature of Dissociating Member or Resigning Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	Manager