## 117000 143 100

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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## **COVER LETTER**

TO: Regi	istration Section		
Divi	ision of Corporations		
SUBJECT:			· · · · · · · · · · · · · · · · · · ·
	(Name of	f Limited Liability Co	ompany)
The enclose	ed member, resignation or dis	ssociation and fee	(s) are submitted for filing.
Please retur	n all correspondence concer	ning this matter to	):
De Freitas, Li	uis		
	(Contact Person)		_
5999 Cargo, I	LLC		
	(Firm/Company)		<del></del>
2500 Nw 79tl	h Ave Suite 157		
	(Address)		
Doral, Florida	a 33122		
	(City/State and Zip Code)		
For further	information concerning this	matter, please call	l:
De Freitas, L	uis	305 at (	4979882
(1	Name of Contact Person)		de & Daytime Telephone Number)
Enclosed pl	lease find a check made paya	ble to the Florida	Department of State for:
■ \$25 Filir			ng Fee & Certified Copy
Mail	ling Address:		Street Address:
Reg	istration Section		Registration Section
	ision of Corporations		Division of Corporations
	. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 211	ahassee, FL 32314		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)

	limited liability company as i	t appears on the records of the Florida Departme
2. The Florida docu	nment/registration number ass	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is: 12/16/2019
Rafael Angel Sol	arte	, hereby withdraw/resign as a
(Print No	ame of Person Resigning)	
MGR		
	(Print Title)	
resignation in wri	Shatett	limited liability company has been notified of r
Signature of Di	ssociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:		