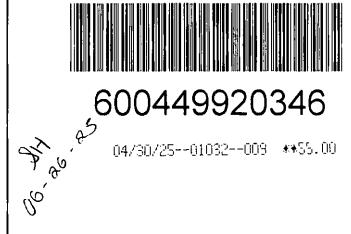
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(Requestor's Name)
(Address)
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(City (Chang Tig (Dhang 4))
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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04/30/25--01032--003 **55.00



COVER LETTER

Division of Corporations ARMAS ALBORNOZ INVESTMENT, LLC SUBJECT: (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: Maria Elena Armas Albornoz (Contact Person) ARMAS ALBORNOZ INVESTMENT, LLC (Firm/Company) 2904 NW 72 AVE. (Address) MIAMI, FL 33122 (City/State and Zip Code) For further information concerning this matter, please call: Maria Elena Armas Albornoz (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

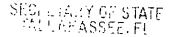
(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	it appears on the records of the Florida Department
of State is: ARM	AS ALBORNOZ INVESTMENT	, LLC
2. The Florida docu L17000149450	ument/registration number as	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
4. I. Luisa Armas Alb	oornoz	, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
AMBR		
	(Print Title)	
of this limited lia resignation in wr	• •	e limited liability company has been notified of my
	iniall	
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	



FILED

2025 APR 30 PM 1:53



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 AS ALBORNOZ INVESTMENT, LLC
2. The Florida doc L17000149450	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Luisa Armas All	
AMBR	
	Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of m ting.
Signature/of D	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)