

L17000 169233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

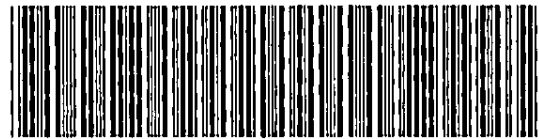
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CITY

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DEC 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHIA PROJECTS 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:

GIL DE FREITAS

(Contact Person)

CHIA PROJECTS LLC

(Firm/Company)

2095 W 76TH St, Suite 101

(Address)

Hialeah, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

Gil De Freitas

(Name of Contact Person)

at (786)

870 8899
(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)

19 JUN -8 PM 7:10

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CHIA PROJECTS LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000169233
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/08/2018
4. I, ALFREDO PERAZA, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGING MEMBER
(Print Title)

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

DocuSigned by:

Alfredo Peraza



Signature of Dissociating Member or Resigning Manager

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