

L17 000 19200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

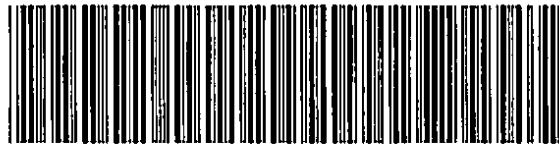
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700344251687

05/15/20--01005--005 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAY 15 PM 2:49

Dissociation
of
Member

JUN 09 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

Skills 4 You Florida, 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:

Agustin Rivera

(Contact Person)

Skills 4 You Florida, LLC

(Firm/Company)

17906 Woodcrest Way

(Address)

Clermont, FL 34714

(City/State and Zip Code)

For further information concerning this matter, please call:

Agustin Rivera

787

995-1429

(Name of Contact Person) at (_____) _____
(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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 MAY 15 PM 2:49



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
Skills 4 You Florida, LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L17000192200.

02/01/2020

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
Reynaldo Pezzotti

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

(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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAY 15 PM 3 49