117000 197806

(Downstade Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
· ,
(December 1)
(Document Number)
Certified Copies Certificates of Status
Casalal habitations to Filian Offices:
Special Instructions to Filing Officer:

Office Use Only



700338300617

12/23/19--01012--002 *+25.00

SECRETARY OF THERMAN

ii 06

Busismedion

JAN 25 2020 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MOYYOS and MUÑOZ Consulting 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: (Contact Person)	
M+M Consulting LLC (Firm/Company)	
4781 SW 74th Terrace	
Davie FL 333)4 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (786) 877.5156 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee	
Mailing Address: Registration Section Street Address: Registration Section	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

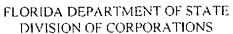
2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327







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

(Pursuant to 605.0216. Florida Statutes)

1. The name of the li	mited liability company as it appears on the records of the Florida Department
of State is: IVIO	rros and Muñoz Consulting, LLC
2. The Florida docur	nent/registration number assigned to this limited liability company is:
L17000	197806
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 12/19/19
4. I. K. K. (X) (X)	hereby withdraw/resign as a hereby withdraw/resign as a
Presid	ent.
·	Print Title)
of this limited liabinesignation in writ	ility company and affirm the limited liability company has been notified of my
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)