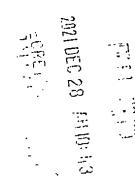
## 

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(2,				
Control Code				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





12/28/21--01024--020 \*+25.00



## **COVER LETTER**

Registration Section

TO:

**Division of Corporations** Fino da Cana, 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: Carlos Mariaca (Contact Person) (Firm/Company) 9316 NW 50th Doral Circle North (Address) Doral, FL 33178 (City/State and Zip Code) For further information concerning this matter, please call: Carlos Mariaca 471-4870 (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 Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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)

	limited liability company a	s it appears on the records	of the Florida Department
of State is: Fino	da Cana, LLC		·
2. The Florida doc L17000225385	ument/registration number a	issigned to this limited lia	bility company is:
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/re	esign is:
4. 1. Carlos E Mariaca (Print Name of Person Resigning)		, hereby withdraw/r	esign as a
Manager			
	(Print Title) bility company and affirm thiting.	he limited liability compa	ny has been notified of my
	issociating Member or Resig	 oning Manager	2021 DEC :
Signature of D	issociating Memoer of Resig	siming wanager	28 /
	\$25.00 (Required) \$30.00 (Optional)		