

L17000243371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

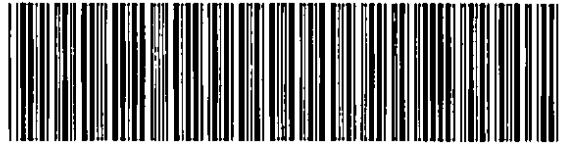
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VENEBITES, 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:

Lida Yajure
(Contact Person)

Venebites
(Firm/Company)

1107 Victory Garden Dr.
(Address)

Tallahassee, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Lida Yajure at (850) 566-8151
(Name of Contact Person) (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:

Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Registration

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE



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: VENEBITES, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L17000243371
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/20/2020
4. I, Adolfo Morales, hereby withdraw/resign as a
(Print Name of Person Resigning)
Authorized Representative (AR)
(Print Title)

of this limited liability company and will not receive a buyout of any amount or consideration of any kind and do hereby swear that the above mentioned limited liability company has been notified of my resignation in writing.

Adolfo Morales

Signature of Dissociating Member or Resigning Manager and Date

Witness #1)

[Signature]

Witness #2)

[Signature]

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