

L17000248493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

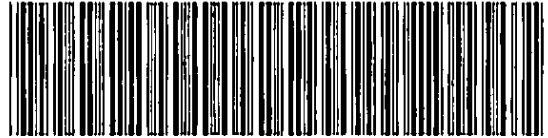
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800356200898

-- **
12/14/20--01017--001 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2020 DEC 14 AM 7:26

FILED

O SIMMONS
JAN 26 2021

COVER LETTER

TO: Registration Section
Division of Corporations

212 PROJECTS 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:

CLAUDIO CHIQUITO HENRIQUEZ

(Contact Person)

212 PROJECTS LLC

(Firm/Company)

10705 NW 75TH LANE

(Address)

DORAL FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIO CHIQUITO HENRIQUEZ 346 4003175

(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

2020 DEC 14 AM 7:26

SECRETARY OF STATE
TALLAHASSEE, FL.

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
212 PROJECTS LLC
of State is: _____

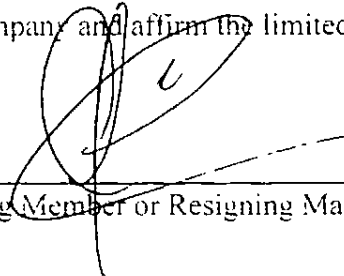
2. The Florida document/registration number assigned to this limited liability company is:
117000248493

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
12/04/2020
FRANCISCO CASTRO

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)