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## **COVER LETTER**

TO: Registration Section		
Division of Corporations		
INVERSIONES WASHINGTON LLC		
(Name of Limited Liability Company)		
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to:	
William Denis		
(Contact Person)	<del>.</del>	
INVERSIONES WASHINGTON LLC		
(Firm/Company)		
501 E las Olas Blvd Ste 300/200		
(Address)		
Fort lauderdale FL 33301		
(City/State and Zip Code)		
For further information concerning this matter, p	please call:	
William Denis	561 2835666	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to th  ■ \$25 Filing Fee		
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

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 as	it appears on the records of the Florida D	epartm	ient
2. The Florida doce L17000248721	ument/registration number as	ssigned to this limited liability company is	;; ;	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	20	
4. I, MAURIZIO BA	CHF	, hereby withdraw/resign as a		_
MANAGER	, , ,		50	
		e limited liability company has been notif	#[]Y -166 AM (0: 57	my Farmanally and Aller Andrews (1975)
Signature of D	issociating Member or Resig	ning Manager		\$2 70
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			