417000261657

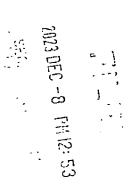
(Re	questor's Name)	1		
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	THE PINEWOOD HOLDING COM		
	(Name of Lim	ited Liability Co	ompany)
The e	nclosed member, resignation or dissoci	ation and feet	(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to):
GUIL	LERMO A. ALONSO		
	(Contact Person)		_
THE	PINEWOOD HOLDING COMPANY, LLC		
	(Firm/Company)	•	_
5101 5	SW 160TH AVENUE		
	(Address)		
SOUT	THWEST RANCHES, FL 33331		
-	(City/State and Zip Code)		
For fu	arther information concerning this matte	er, please call	l:
CHAR	RLES A. KOHLER	904 at (716-8000
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclo	sed please find a check made payable t	o the Florida	Department of State for:
S \$2	5 Filing Fee	🗆 \$55 Filin	ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303



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)

THE	limited liability company as PINEWOOD HOLDING COMP.	s it appears on the records of the Floany, LLC	orida Department
2. The Florida docu	ument/registration number a	ssigned to this limited liability com	ipany is:
L17000261657			
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: _	1/23/23
ADRIANA C. A	LONSO	, hereby withdraw/resign as a	
	ame of Person Resigning)		•
AMBR			
	(Print Title)		1023 DI 2023 DI 315 CH
of this limited lial resignation in wr	- · ·	he limited liability company has bee	
Obra (c	Olivo		PHI2: 53
Signature of Di	ssociating Member or Resig	ining Manager	. 51 33
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		