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2024 K. 23 / 111: 63

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JUNQUE POUCH (Name of Limited Liability Con	LLC mpany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Mariellos Huerla (Contact Person)	_
(Firm/Company)	_
20419 NE 10 CT (Address)	_
Miami FL 33179 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Marie la Dueda at (213 (Name of Contact Person) (Area Code	. 4819653 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section 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 Department
of State is:	YUNQUE Pouch LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
_L180	000006206
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{04/30/2023}{1}$
4. I, / NORCE	hereby withdraw/resign as a lame of Person Resigning)
A~	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	Van magor)
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)