

L18000018835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

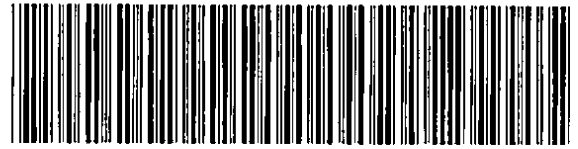
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/17/23--01006--019 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FL



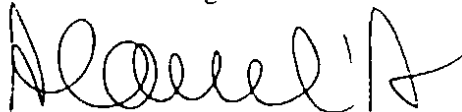
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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 of State is: MCA 504S LLC
2. The Florida document/registration number assigned to this limited liability company is:
L18000018835
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/20/2023
4. I, ALBERTO CAMHI, hereby withdraw/resign as a
(Print Name of Person Resigning)
MEMBER, AND MANAGING MEMBER
(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)

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