<u>U180000 32511</u>

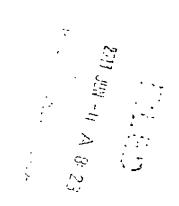
(Requ	iestor's Name)	
(Addro	ess)	
、	,	
(Addr	ess)	
(6)	Charles Williams	- 40
(CityA	State/Zip/Phone	€#)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Doct	ment Number)	
Certified Copies Certificates of Status		
Special Instructions to Fi	ling Officer:	
		:
<u> </u>		





300314169173

08/04/18--01010--029 **25.00



COVER LETTER .

TO: Registration Section Division of Corporations
SUBJECT: Nuevacell, LLC (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:
Mariceli Segarra (Contact Person)
Mariceli Segarra (Contact Person) JPR Accounting, LLC (Firm/Company)
2751 Enterprise Rd, Suite 209B
Orange City, FL 32763 (City/State and Zip Code)
For further information concerning this matter, please call:
Marice I, Segarra at (386) 216-4936 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 reco	ords of the Florida Department
	ILLEVACELL, LLC	> .
01 State is:	vuevacere; en	<u> </u>
2. The Florida doc	ument/registration number assigned to this limited	•
L180000	132511	
3. The date this me	ember/manager withdrew/resigned or will withdray	w/resign is: 2/5/2018
4.1. <u>Lester</u>	Carrero , hereby withdra same of Person Resigning)	w/resign as a
<u>MGR</u>	(Print Title)	
of this limited lia resignation in wi	bility company and affirm the limited liability contiting.	npany has been notified of my
Signature of D	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	