

L18 000042562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

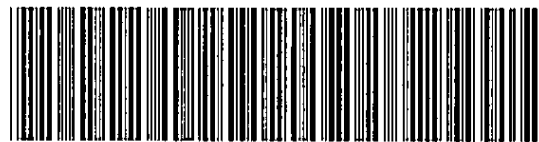
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WIRIO-CARICECI 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:

ISIDRO OTERO

(Contact Person)

WIRIO-CARICECI LLC

(Firm/Company)

1436 E 4TH AVE

(Address)

HIALEAH, FL 33010

(City/State and Zip Code)

For further information concerning this matter, please call:

ISIDRO OTERO

(Name of Contact Person)

at (786) 740-3084

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2021 JUN -8 PM 1:52

**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: WIRIO-CARICECI LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000042562

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/01/2021

4. I, RAUL LEONARDO AQUINO, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

Subscribed and sworn before me, this 2/14
day of June, 2021, a Notary Public
in and for Miami County,
State of Florida

[Signature]
(Signature)

NOTARY PUBLIC

My Commission Expires

06/27/24
ODALYS I RUBIO
Notary Public - State of Florida
Commission # HH 046887
My Comm. Expires Sep 27, 2024