## 118000082048

(Red	questor's Name)	
(Add	dress)	
·	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
Special Instructions to I	riling Officer:	

Office Use Only



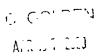
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2020 MEN 13 MEH: 37



## **COVER LETTER**

•	gistration Section		
Div	vision of Corporations		
SUBJECT			
	(Name of	Limited Liability Co	mpany)
The enclos	sed member, resignation or dis-	sociation and fee(	s) are submitted for filing.
Please retu	ırn all correspondence concern	ing this matter to:	
Carissa Stan	cheski		
	(Contact Person)		<del></del>
Sevilla H.I.Y	<b>ү.</b> н.		
	(Firm/Company)	•	···
951 Royal O	Daks Drive		
	(Address)		_
Apopka, FL	32703		
	(City/State and Zip Code)		_
For further	r information concerning this n	natter, please call:	:
Carissa Stan	cheski	321	5279784 _) c & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code	c & Daytime Telephone Number)
Enclosed p	blease find a check made payab	ole to the Florida I	Department of State for:
	ing Fee		
Mai	iling Address:		Street Address:
	gistration Section		Registration Section
Div	vision of Corporations		Division of Corporations
	D. Box 6327		The Centre of Tallahassee
Tal	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Epifanio Loya Jr 500 Macaw Lane Apt 2 Fern Park, Fl 32730 01/11/2020

Managing Members and Whom It May Concern

Sevilla H.I.Y.H 500 Macaw Lane Apt 2 Fern Park, Fl 32730

Dear Managing Members and Whom It May Concern:

It is with a heavy heart I must submit my resignation. As one of the owners of, Sevilla H.I.Y.H. Due to personal circumstances, I am giving up my position and ownership in the company.

My last day at Sevilla H.I.Y.H will be 01/11/2020. I would be happy to meet with you at your convenience to discuss the transition of my duties and ownership.

1-11-20

I wish the company and all its employees much success in coming years.

Sincerely,

Epifanio Loya Jr

Co Owner, Managing Member



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## 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)

	imited liability company as it appears on the records of the Florida Departmen
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L18000082 <del>04</del> 8	· · · · · · · · · · · · · · · · · · ·
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:
4. I. Epitanic	me of Person Resigning), hereby withdraw/resign as a
MGRA	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
an	
Signature of Dis	sociating Member or Resigning Manager
•	\$25.00 (Required) \$30.00 (Optional)