13000014045

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Efficy Name)
(Document Number)
(Socialient Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1.
J. HORNE AUG - 8 2024
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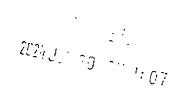
2024 JLL CO F11 1: 07

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Villa Victoriana LLC	
(Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to:
Rafal Szybowski	
(Confact Person)	
Villa Victoriana LLC	
(Firm/Company)	
2780 S Oakland Forest Dr #1806	
(Address)	
Oakland Park, FL 33309	
(City/State and Zip Code)	
For further information concerning this matter	r. please call:
Claire Morineau	954 305-2891 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
☐ \$25 Filing Fee	\$2 \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

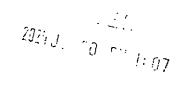
(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department Victoriana LLC
2. The Florida docu 1.18000086045	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 7/22/2624
4. I. Claire Morineau	, hereby withdraw/resign as a aame of Person Resigning)
Authorized Memb	
-	Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Signature of Di	Speinting Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	Villa Victoriana LLC		
	(Name of Limit	ed Liability C	ompany)
The e	nclosed member, resignation or dissocia	ition and fee	(s) are submitted for filing.
Please	e return all correspondence concerning t	his matter to):
Rafal S	Szybowski		
	(Contact Person)		_
Villa V	ictoriana LLC		
	(Firm/Company)		_
2780 S	Oakland Forest Dr #1806		
_	(Address)		_
Oaklan	ad Park, FL 33309		
	(City/State and Zip Code)		
For fu	rther information concerning this matte	r. please call	l:
Claire	Morineau	954 at (305-2891
	(Name of Contact Person)	· ·	le & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee	the Florida \$55 Filir	Department of State for: ng Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303





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)

	e limited liability company as it appears on the records of the Florida Department a Victoriana LLC
2. The Florida do	cument/registration number assigned to this limited liability company is:
3. The date this n	nember/manager withdrew/resigned or will withdraw/resign is:
4. I, Claire Morinea (Print	., hereby withdraw/resign as a Name of Person Resigning)
Authorized Mer	nber
	(Print Title)
of this limited li resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of	Tisspeiating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)