118000102318

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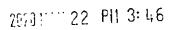
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C GOLDEN
JUN 1 2 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rame of Limited Liability Con	mpany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
(Contact Person)	
1+ITAX Invost Comp (Firm/Company)	-
1860 N Pino Island 124 (Address)	-
City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (954) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee \$55 Filing	Department of State for: g 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

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:
2. The Florida document/registration number assigned to this limited liability company is:
<u>L18000102378</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $05-11-2020$
4. 1. Sony Maldonado, hereby withdraw/resign as a (Print Name of Person Resigning)
Jonny Moldondo (Monagon)
of this limited liability company and aftirm the limited liability company has been notified of my resignation in writing.
× 1/11/2020
Signature of Dissociating Member or Resigning Manager
Filing Fee: Certified Copy:

CR2E079 (2/14)