

LIB000159740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

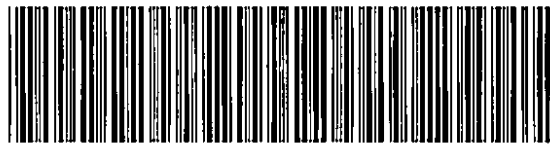
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SECRETARY OF STATE
TALLAHASSEE-FLORIDA

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SEP 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UBA INTERNACIONAL, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE G. GUARISMA

Name of Person

UBA INTERNACIONAL

Firm/Company

10422 NW 81st TERRACE

Address

DADE, FL 33172

City/State and Zip Code

JOSE.GUARISMA.JR@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE G. GUARISMA

Name of Person

at (786)

Area Code

253-2160

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS



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: UBA INTERNACIONAL, LLC.

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

L18000159740

3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 7, 2018

4. I, ENILDA J MONTERO, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR / REGISTERED AGENT
(Print Title)

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

x [Signature]
Signature of Dissociating Member or Resigning Manager

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

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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