L18000166845

(Requestor's Name)			
(Ac	idress)		
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	ty/State/Zip/Phon	o #/\	
(C)	ty/State/Zip/Priori	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Business Entity Name)			
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- Or	ocument Number)	· · ·	
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Certified Copies	_ Certificate:	s of Status	
Special Instructions to	Filing Officer		
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COVER LETTER

_	istration Section ision of Corporations			
SUBJECT	. A&F IMPORTS AND EXPORTS	LLC		
уовунет.	(Name of Limited Liability Company)			
The enclose	ed member, resignation or disso	ociation and fee	(s) are submitted for filing.	
Please retur	rn all correspondence concernir	ng this matter to	:	
Carlos Maria	са			
	(Contact Person)		_	
	(Firm/Company)			
3901 NW 79t	th Avenue, Suite 113			
	(Address)		_	
Doral, FL 33	166			
	(City/State and Zip Code)		_	
For further	information concerning this ma	atter, please call	l:	
Carlos Maria	ca	305 at (471-4870	
(Name of Contact Person)		le & Daytime Telephone Number)	
Enclosed pl	lease find a check made payabl		Department of State for: 19 Fee & Certified Copy	
<u> </u>	ng 100		ig ree as certified copy	
Reg	ling Address: istration Section ision of Corporations		Street Address: Registration Section Division of Corporations	
P.O	. Box 6327 lahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)



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
2. The Florida docu L18000166845	ument/registration number assi	igned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is: 2/1/2021
4. l, Carlos Mariaca		, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of Di	ssociating Member or Resigni	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	