(Re	questor's Name)	
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D. BRUCE JAN 12 2019

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: VENCO FLORIDA LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

• ,

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ANGELICA L. BELTRAN, CPA

(Contact Person)

BELTRAN ACCOUNTING SERVICES CORP

(Firm Company)

6303 BLUE LAGOON DR. SUITE 400

(Address)

MIAMI, FL 33126			-1	2019	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(City/State and Zip Code)					
For further information concerning this m	atter, please call	:		 	
ANGELICA L. BELTRAN CPA	305 at (456-1999		- 14 :	به المعندين محمد الم أميرين ا
(Name of Contact Person)	(Area Coc	le & Daytime Telephon	e Number)	03	

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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)

- The name of the limited liability company as it appears on the records of the Florida Department of State is: <u>VENCO FLORIDA LLC</u>
- 2. The Florida document/registration number assigned to this limited liability company is: L18000166942
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I. EDWARD TORRES

_____, hereby withdraw/resign as a

(Print Name of Person Resigning)

AMBR

(Print Title)

of this limited liability company and affirm-the limited liability company has been notified of my

resignation in writing.=-

Signature of Dissociating Member or Resigning Manager

