## 11800017511

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500362417975

(43/24/21--01015--003 \*\*25.00

2021 HAR 24 PH 12: 07

'JUN 0 7 2021 R. HUNT

## **~COVER LETTĘŖ** →

TO:		stration Section sion of Corporations	* ar	
SUBJ	ECT:	II & J SUMINISTROS CA LLC		
		(Name of L	imited Liability Co.	mpany)
The e	nclosed	I member, resignation or disse	ociation and fee(s	s) are submitted for filing.
Please	e returr	all correspondence concernit	ng this matter to:	
Ninote	hka Hec	th:		
		(Contact Person)		
FAST	FILING	SERVICES LLC		
		(Firm/Company)		_
10450	NW 331	RD ST STE 305		
	•	(Address)		_
DORA	AL FL 31	3172		
		(City/State and Zip Code)		_
For fu	irther i	nformation concerning this ma	atter, please call:	
NINO	тснка	неснт	786 at (	7622048
	(N	Jame of Contact Person)		& Daytime Telephone Number)
	sed ple 5 Filin	ease find a check made payabl g Fee		Department of State for: g Fee & Certified Copy
		ng Address:		Street Address:
	_	stration Section sion of Corporations		Registration Section Division of Corporations
	P.O.	Box 6327		The Centre of Tallahassee
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2.14)



## 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 of State is:  H & J SUMINISTROS CA LLC	s it appears on the records of the Florida Department
The Florida document/registration number as	ssigned to this limited liability company is:
The date this member/manager withdrew/res	signed or will withdraw/resign is:
I. AIDE SALAZAR DE MARIN (Print Name of Person Resigning)	
(Print Name of Person Resigning)	
AUTHORIZED MEMBER	
(Print Title)	
resignation in writing.	ne limited liability company has been notified of my
DocuSigned by:	
DocuShaned by:  Aide Salagan de Man  6702E3H728AE451	ten.
67D2E3H72BAE451	

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional) 9091 Har 24 PH 12: 0