

# L18000200932

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

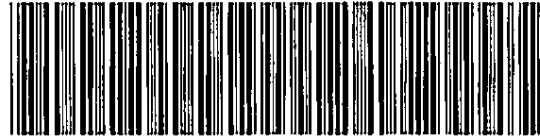
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## 600350481436

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**FILED**

2020 AUG 31 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FL

*JQ 10/13/20*



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CVM Property Management 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:

Ulfredo Cadiz  
(Contact Person)

CVM Property Management LLC  
(Firm/Company)

203 N. Aberdeenshire dr.  
(Address)

Saint John's FL. 32259  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ulfredo Cadiz at (904) 219-6699  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☐ \$25 Filing Fee

☐ \$55 Filing 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: CVM Property Management LLC

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

L18000200932

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/1/2020

4. I, Victoria Cadiz, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR / owner  
(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

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

**FILED**  
2020 AUG 31 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FL