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(Business Entity Name)				
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Urbe Truestors 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:

Juan Uribe (Contact Person) Urbe Investors LLC (Firm/Company) 2006 meadow Feird way (Address) Orlando/ F1 / 32.824 (City/State and Zip Code)

For further information concerning this matter, please call:

Juan Uribe at (407, 493 88 77 (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 Scertified Copy

STREET/COURIER ADDRESS:

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

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

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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: UNDE INVESTORS	114
2. The Florida document/registration number assign	د د ed to this limited liability company is:
L18000 222920	
3. The date this member/manager withdrew/resigned	d or will withdraw/resign is: <u>4/8/2019</u>
4.1, Erika Beduna Pistamante	hereby withdraw/resign as a

(Print Name of Person Resigning)

MGR (Print Title)

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

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Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)