118000238482

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	idress)	<u> </u>		
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

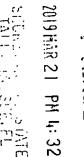
Office Use Only

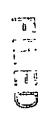


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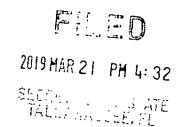


COVER LETTER

_	sion of Corporations				
SUBJECT:	Dissociation or Resignati	on of Mgr from F	lorida LLC		
	(Name of Limited Liability Company)				
The enclosed	d member, resignation or diss	sociation and fee(s) are submitted for filing.		
Please return	all correspondence concern	ing this matter to:			
Andres Sot	peron				
	(Contact Person)		-		
	(Firm/Company)		-		
6800 SW 4	0th St., # 236,				
	(Address)		-		
Miami, FL.	33155				
	(City/State and Zip Code)		-		
For further in	nformation concerning this n	natter, please call:			
Andres Sob	peron	904 at (438-9844		
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed ple \$25 Filing	ase find a check made payab g Fee		Department of State for: Fee & Certified Copy		
	OURIER ADDRESS:		MAILING ADDRESS:		
Registration Division of C			Registration Section Division of Corporations		
Clifton Build	-		P.O. Box 6327		
	ive Center Circle		Tallahassee, Florida 32314		
Tallahassee,	Florida 32301				

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)

		ears on the records of the Florida Department
	cument/registration number assigne	d to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned	or will withdraw/resign is:
4. I. Andres Sobo	eron Name of Person Resigning)	hereby withdraw/resign as a
manager		
	(Print Title)	
resignation in w	riting.	ted liability company has been notified of my
Signature of D	Dissociating Member or Resigning N	1anager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	