L18000244877

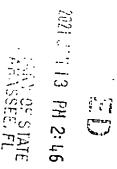
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Special Instructions to Filing Officer:				





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COVER LETTER

TO:	Registration Section Division of Corporations		
SUB.	JECT:		
	(Name of Lin	mited Liability Con	npany)
The e	enclosed member, resignation or dissoc	ciation and fee(s	a) are submitted for filing.
Pleas	e return all correspondence concerning	g this matter to:	
LUCA	S PENIDO		
	(Contact Person)	······································	-
153 A	GENCY LLC		
	(Firm/Company)		-
19638	E COUNTRY CLUB DRIVE		
	(Address)		_
AVEN	ITURA, FLORIDA 33180		
	(City/State and Zip Code)		-
For fi	urther information concerning this mat	tter, please call:	
LUCA	S PENIDO	516 at (544-0880
	(Name of Contact Person)		& Daytime Telephone Number)
Enclo	sed please find a check made payable	to the Florida D	Department of State for:
■ \$2	5 Filing Fee	□ \$55 Filing	g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	rananassee, PL 32314		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)

160	e limited liability company as it a		the Florida Departme
2. The Florida doc L18000244877	ument/registration number assigr	ned to this limited liability	y company is:
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign	06/20/2020 n is:
MADIA A CAL	MON DA M. MACHADO PENIDO Name of Person Resigning)		
Registered Age			20
	(Print Title)		21 J.
resignation in wi	-	nited liability company h	nas been notified of m
Momin Agul (. U. Ulkand renico		2:1 2:1
Signature of D	issociating Member or Resigning	Manager	
_	\$25.00 (Required)		
Cerunea Copy:	\$30.00 (Optional)		