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TO:	Registration Section			
	Division of Corporations			
SUBJ				
	(Name of Limited Liability Cor	npany)		
The er	nclosed member, resignation or dissociation and fee(s	s) are submitted for filing.		
Please	return all correspondence concerning this matter to:			
Michae	d Manes, Esq.			
	(Contact Person)	_		
Michae	HB. Manes, P.A.			
	(Firm/Company)	_		
950 S I	Pine Island Road, A-150	ķ.	2023 SEP -5	
	(Address)	-	Ē.	; ~
Plantati	ion, FL 33324	- 10 m	-5	, Tara
	(City/State and Zip Code)		MH: 31	urne.
For fu	rther information concerning this matter, please call:	<u>.:::: </u>	<u>:</u>	
Michae	1 Manes, Esq. 954	523-1844		
		& Daytime Telephone Number)	-	
	sed please find a check made payable to the Florida D Filing Fee ■ \$55 Filing	Department of State for: Fee & Certified Copy		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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)

Tech	limited liability company as it a		2023
	ment/registration number assign		mpany is:
Julio Cesar Mitja	mber/manager withdrew/resignens me of Person Resigning)	d or will withdraw/resign is: _, hereby withdraw/resign as	
of this Applied list resignation on wh	Print Title) Solity company and affirm the ling. Julia Soliting Member or Resigning		een notified of my
Filing Fee: Certified Copy:	ssociating Member or Resigning \$25.00 (Required) \$30.00 (Optional)	Manager	