## L19000023521

(Re	questor's Name)	
(, , ,	4400101011011101	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<del></del>
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



500356540085

12/21/20--01002--017 \*\*25.00

8015 15 W. 8:13

is comment in

FEB 20 2021 I ALBRITTON

## **COVER LETTER**

Division of Corporations	
INFINITY 2208 LLC SUBJECT:	
(Name of Limited Liabi	lity Company)
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
Alvaro Castillo	
(Contact Person)	
Castillo & Associates	
(Firm/Company)	
1390 Brickell Avenue Suite 200	
(Address)	<del></del>
Miami, FL 33131	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, pleas	e call:
Alvaro Castillo 305	371-5540
	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Department of State for:
■ \$25 Filing Fee □ \$55	Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassec, 1 D J2317	Tallahassee, FL 32303



February 5, 2021

ALVARO CASTILLO CASTILLO & ASSOCIATES 1390 BRICKELL AVENUE - STE. 200 MIAMI, FL 33131

SUBJECT: INFINITY 2208 LLC Ref. Number: L19000023521

We have received your document for INFINITY 2208 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the date of resignation in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 521A00002609

Irene Albritton
Regulatory Specialist II





## 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 of State is:	limited liability company as it appears on the records of the Florida Department	
2. The Florida doci	ument/registration number assigned to this limited liability company is:	
CCDNIANDO LI	mber/manager withdrew/resigned or will withdraw/resign is: 12/15/2020  JND, hereby withdraw/resign as a ame of Person Resigning)	
· · · · · · · · · · · · · · · · · · ·	bility company and affirm the limited liability company has been notified of my iting.	
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	