# MA 000057135

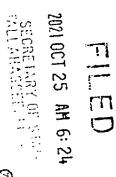
(Requestor's Name)
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#### **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
SANCLAU INVESTMENTS	, LLC	
	nited Liability Com	pany)
The enclosed member, resignation or dissoc	iation and fee(s)	are submitted for filing.
Please return all correspondence concerning	this matter to:	
CLAUDIA JIMENEZ		
(Contact Person)		•
SANCLAU INVESTMENTS, LLC		
(Firm/Company)		•
4839 NW 116 AVE		
(Address)		-
DORAL, FL 33178		
(City/State and Zip Code)		-
For further information concerning this mat	ter, please call:	
CLAUDIA JIMENEZ	786 at (	286-0882
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301		rananassee. Fronta 32514



### FILED 2021 OCT 25 AM 6: 24

SECRETARY OF STATE

#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

(Ps)

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department ICLAU INVESTMENTS, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: Oct. 12, 2021
SANDRACA	
Authorized M	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my withy
Signature of Oi	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)