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(Requestor's Name)
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of 2/10/2023

COVER LETTER '

Registration Section Division of Corporations TO:

SUBJECT: DENDE LLC	
(Name of I	Limited Liability Company)
The enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
DANIEL DE CASTRO	
(Contact Person)	
(Firm/Company)	
12200 MENTA ST. STE 110	
(Address)	
ORLANDO, FLORIDA, 32837	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
DANIEL DE CASTRO	407 624-6245 at()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee	to the Florida Department of State for:
= 323 i milg ree	☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassas El 20214	The Centre of Tantanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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SEURL ... FLAGATE TALL/MASSEE, FL

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)

	the limited liability company as it appears on the records of the Florida Department
	document/registration number assigned to this limited liability company is:
Marco Martin	member/manager withdrew/resigned or will withdraw/resign is: (Palm Beach Property & Business INC) horaby with draw/resigned
(Prin	nt Name of Person Resigning), hereby withdraw/resign as a
	(Print Title)
of this limited resignation in	liability company and affirm the limited liability company has been notified of my writing.
-CC	Jan Math
Signature of	Dissociating Member or Resigning Manager
iling Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)