# 49000094236

_	
(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Coples	Certificates of Status
Special Instructions to	Filing Officer:
	IORNE
	J. HO', 2025
	J. HORNE APR - 4 2025

Office Use Only



100446977291

04/03/25--01003--023 \*\*25.00

FILED 2025 APR -3 PH 4: 05

125 APR - 3 PM 12: 31

TECHIVED

## CORPORATE ACCESS,

### When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

		PICK UP:	4/3 TRACI
		CERTIFIED COPY	
	XX	РНОТОСОРУ	
		CUS	
	XX	FILING	DISSOCIATION
1.		7-2 LLC (CORPORATE NAME AND DOCUMENT #)	<del> </del>
2.		(CORPORATE NAME AND DOCUMENT #)	
3.		(CORPORATE NAME AND DOCUMENT #)	
4.			
5.		(CORPORATE NAME AND DOCUMENT #)	
0.		(CORPORATE NAME AND DOCUMENT #)	<del>"</del>
6.		(CORPORATE NAME AND DOCUMENT #)	<del></del>
SPE	ECIAI	L INSTRUCTIONS:	<u> </u>

### **COVER LETTER**

Division of Corporations		
7-2 LLC SUBJECT:		
	ted Liability Co	mpany)
The enclosed member, resignation or dissocia	ation and fee(	s) are submitted for filing.
Please return all correspondence concerning t	this matter to:	
David R. Roy		
(Contact Person)		<del></del>
David R. Roy, P.A.		
(Firm/Company)		_
4209 N. Federal Hwy		
(Address)		_
Pompano Beach, FL 33064		
(City/State and Zip Code)		_
For further information concerning this matte	r, please call:	:
David R. Roy	954 at (	784-2961 }
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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**

## PARTIE OS 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
2. The Florida doce L19000094236	ument/registration number ass	signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	gned or will withdraw/resign is:
4. 1, Carlos Ramiro Fernandez (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N Manager and Mei		
<del></del>	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of D	issociating Member or Resign	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	