L19000109050

| (Requestor's Name) | — |
|---|---|
| (Address) | |
| (Address) | _ |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
| (Document Number) | — |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |

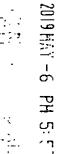
Office Use Only

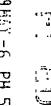


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R. WHITE MY 16 2019





COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: DIZUCA, LLC (Name of Limited Liability Company) |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to: ALEJANDRO ALEZ (Contact Person) |
| DIZVCA, LLC (Firm/Company) 350 S MIAMI Ave StaA (Address) |
| MIAMI FL 3313D (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| ALEJANARO AUEZat (954) 993-2612 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{}\$25 Filing Fee \$\sum_{}\$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: MAILING ADDRESS: |

Registration Section

TO:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Division of Corporations P.O. Box 6327

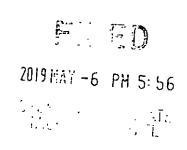
Registration Section

Tallahassee, Florida 32314

CR2E079 (2/14)







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

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the | limited liability company as it appears on the records of the Florida Department |
|--|---|
| of State is: | DIZUCA, LLC |
| 2. The Florida doc | ument/registration number assigned to this limited liability company is: |
| | 90001090SD |
| 3. The date this mo | ember/manager withdrew/resigned or will withdraw/resign is: SIMON A.A. |
| 4. I. • '(1) (| ON ANEZ |
| | 1 CoR (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my riting. |
| | |
| Signature of D | issociating Member or Resigning Manager |
| | \$25.00 (Required) i |
| Certified Copy: | \$30.00 (Optional) |