

L19000110466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

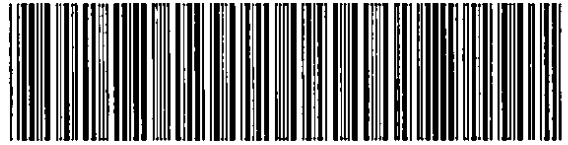
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 23 2020

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
HALL ANNA SHELLEY

2020 JUL 23 AM 7:19

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SEP 10 2020

S. YOUNG



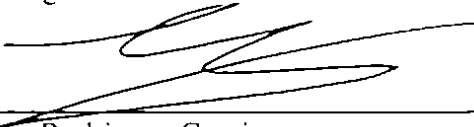
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FLORIDA
2. The Florida document/registration number assigned to this limited liability company is:
L19000110466
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/22/2020
4. I, Joaquin Rodriguez Garcia, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager/ Authorized Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Joaquin Rodriguez Garcia,
Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA