L19000 121 786

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

-	istration Section		
Div	ision of Corporations		
SUBJECT	SOFLO DETOX LLC		
	(Name of	Limited Liability Co	mpany)
The enclose	ed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please retur	n all correspondence concern	ing this matter to:	
MARIO SA	ARDINAS		
	(Contact Person)		-
SOFLO DI	ETOX		
	(Firm/Company)		_
12335 NW	77TH ST		
_	(Address)		_
MIAMI, FL	, 33182		
	(City/State and Zip Code)		_
For further	information concerning this n	natter, please call:	
MARIO SA	ARDINAS	305	586 - 2209
1)	Name of Contact Person)		& Daytime Telephone Number)
Enclosed pl ■ \$25 Filin	ease find a check made payat g Fee		Department of State for: g Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
Registration Division of	Corporations		Registration Section Division of Corporations
Clifton Buil	lding		P.O. Box 6327
	tive Center Circle Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



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)

		s it appears on the records of the	Florida Department	
2. The Florida doc L1900012178		ssigned to this limited liability co	ompany is:	
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/resign is:	09/01/2019	
4. I, JERRY TREMINIO (Print Name of Person Resigning)				
MGR				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm th iting.	ne limited liability company has b	een notified of my	
Signature of D	issociating Member or Resig	ning Manager		
-	\$25.00 (Required)	L Ord	B	
Certified Copy:	\$30.00 (Optional)	₩.	<u>્</u> યુ	