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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: EMPORIO 2020 LLC	
(Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to:
MARINA ARAUJO	
(Contact Person)	
EMPORIO 2020 LLC	
(Firm/Company)	
225 BIRD ROAD	
(Address)	
CORAL GABLES, FL 33146	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Marina Araujo (Name of Contact Person)	at (786) 366-8795 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Englosed please find a check made payable to	the Florida Department of State for:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

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)

MARINA ARAUJO	lity company is:
4. I, hereby withdraw/resig (Print Name of Person Resigning) MANAGER (Print Title) of this limited liability company and affirm the limited liability company h	
of this limited liability company and affirm the limited liability company h	
ConAlranzo	
Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	2021 HAY -3 AM 12: