

# L19 000 163378

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

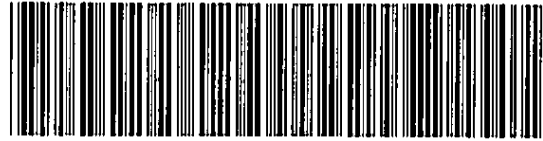
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 SEP 23 PM 5:43

R. WHITE  
OCT 09 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INVERSIONES ROYAL 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:

JUAN YACAMAN  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

15405 MIAMI LAKEWAY NORTH, 303  
(Address)

MIAMI LAKES, FL 33014  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN YACAMAN at ( 786 ) 260-8118  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee       \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2019 SEP 23 PM 5:43

**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: INVERSIONES ROYAL LLC

2. The Florida document/registration number assigned to this limited liability company is: L19000163378

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/19/2019

4. I, JUAN YACAMAN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AR (Authorized Representative)  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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