19000180617

(Requestor's Name)
(Address)
(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:
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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: KRYSLER INVESTMENTS		
(Name	of Limited Liability Co	empany)
The enclosed member, resignation or d	lissociation and fee((s) are submitted for filing.
Please return all correspondence conce	rning this matter to	:
MANUEL F. CASTRO		
(Contact Person)		_
(Firm/Company)		_
2552 NW 7 ST		
(Address)		_
MIAMI, FL. 33125		
(City/State and Zip Code)	_
For further information concerning this	s matter, please call	:
MANUEL F. CASTRO	305 at (219-6866
(Name of Contact Person)		c & Daytime Telephone Number)
Enclosed please find a check made pay	yable to the Florida	Department of State for:
\$25 Filing Fee	□ \$55 Filin	ig Fee & Certified Copy
Mailing Address;		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		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

FILED 2021 NOV 19 AM 8: 48 SECRETARY OF STAYE TALL FARY OF STAYE

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

(Pursuant to 605.0216, Florida Statutes)

2. The Florida docu L19000180617	iment/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re:	signed or will withdraw/resign is: 10/21/2021
VADIDA CAST	D C	, hereby withdraw/resign as a
(Print N AMBR	ame of Person Resigning)	
	(Print Title)	
resignation in wr		he limited liability company has been notified of my gning Manager