## 119000193831

(Requestor's Name)			
(Address)			
(122.223)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
	151 Vision of Corporations	
SUBJ	ECT: FIXER GENIE LLC	
	(Name of Limited Liability Con	npany)
The e	nclosed member, resignation or dissociation and fee(s	) are submitted for filing.
Please	e return all correspondence concerning this matter to:	
GUS <sup>*</sup>	TAVO M REIG GIL	
-	(Contact Person)	-
FIXE	R GENIE LLC	
-	(Firm/Company)	-
5555	COLLINS AVENUE APT 14T	_
	(Address)	_
MIAN	M BEACH, FL 33140	
	(City/State and Zip Code)	-
For fu	orther information concerning this matter, please call:	
CHR	STOPHER A. SIERRA 786	587-0779
	(Name of Contact Person) (Area Code	& Daytime Telephone Number)
	sed please find a check made payable to the Florida D 5 Filing Fee	epartment of State for: Fee & Certified Copy
Regist	EET/COURIER ADDRESS: tration Section on of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
	n Building	P.O. Box 6327
2661	Executive Center Circle lassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

2. The Florida document/registration number assigned to this limited liability company is:  L19000193831	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/09/2019	}
4. I, ANA CAROLINA ESTRELLA DE SIMONE (Print Name of Person Resigning), hereby withdraw/resign as a	_
AUTHORIZED MEMBER	<u>ء</u>
(Print Title)	onia cep
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	of =
Signature of Dissociating Member or Resigning Manager	ċ
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	