## 119000202692

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| (only obtained a)                       |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Duning Falls Name)                     |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
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## **COVER LETTER**

| TO:    | _                   | stration Section<br>sion of Corporations |                      |   |  |  |
|--------|---------------------|--|----------------------|---|--|--|
| SHRI   | DECT:               | MADE IN SPANISH USA                      | LLC                  |   |  |  |
| 3000   | 11,01,              | (Name of Limited Liability Company)      |                      |   |  |  |
| The e  | nclosed             | d member, resignation or diss            | sociation and fee(   | s) are submitted for filing.                    |  |  |
| Please | e returr            | all correspondence concern               | ing this matter to:  |   |  |  |
| LUZ    | L MOF               | RENO                                     |                      |   |  |  |
|        |                     | (Contact Person)                         |                      | _   |  |  |
| MOR    | E AC                | COUNTING PLUS TAX SE                     | ERVICES INC          |   |  |  |
|        |                     | (Firm/Company)                           |                      | _   |  |  |
| 2700   | GLAE                | DES CIRCLE STE 106                       |                      |   |  |  |
|        |                     | (Address)                                |                      | _   |  |  |
| WES    | TON F               | FL 33327                                 |                      |   |  |  |
|        |                     | (City/State and Zip Code)                |                      | _   |  |  |
| For fu | irther ii           | nformation concerning this n             | natter, please call: |   |  |  |
| LUZ    | L MOF               | RENO                                     | 954                  | 659-1155  |  |  |
|        | (N                  | ame of Contact Person)                   | (Area Code           | e & Daytime Telephone Number)                   |  |  |
|        | sed ple<br>5 Filing | ase find a check made payab<br>g Fee     |                      | Department of State for: g Fee & Certified Copy |  |  |
|        |                     | OURIER ADDRESS:                          |                      | MAILING ADDRESS:                                |  |  |
| _      |                     | Section Corporations                     |                      | Registration Section Division of Corporations   |  |  |
| Clifto | n Buile             | ling                                     |                      | P.O. Box 6327                                   |  |  |
|        |                     | ive Center Circle<br>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)

| I. The name of the                       | limited liability company as        | s it appears on the records of the Florida Depart | tment       |
|--|-------------------------------------|---|-------------|
|  |                                     |   | <u> </u>    |
| L9000202692                              |                                     | ssigned to this limited liability company is:     |             |
| 3. The date this me                      | ember/manager withdrew/res          | signed or will withdraw/resign is:                |             |
| GABRIEL LO                               | DOZA                                | , hereby withdraw/resign as a                     |             |
| (Print N                                 | lame of Person Resigning)           | , hereby withdraw/resign as a                     |             |
| MGR                                      |                                     |   |             |
|  | (Print Title)                       |   |             |
| of this limited lia<br>resignation in wr | bility company and affirm th iting. | te limited liability company has been notified o  | ·           |
| Signature of Di                          | ssociating Member or Resign         | ning Manager                                      | 2019 NOV 20 |
| Filing Fee:                              | \$25.00 (Required)                  |   |             |
| Certified Copy:                          | \$30.00 (Optional)                  | MH 9: 3   |             |