

L19000213472

(Requestor's Name)

(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:

Office Use Only



400351198134

08/31/20--01036--020 \*\*35.00

FILED  
2020 OCT 26 PM 3:55  
STATE  
TALLAHASSEE, FL

OCT 27 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMANZ REAL ESTATE GROUP, 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:

LUIS E. TORRES

(Contact Person)

PRO ACCOUNTING AND FINANCIAL SOLUTI

(Firm/Company)

1915 NE 45TH STREET SUITE 101

(Address)

FORT LAUDERDALE FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS E. TORRES

954 667-0673

(Name of Contact Person)

at ( ) (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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AMANZ REAL ESTATE GROUP, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
I.190000213472
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/27/2020
4. I, LILIANA MASIS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(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)

**FILED**  
2020 OCT 26 PM 3:55  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS