

L19 CCC 217016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

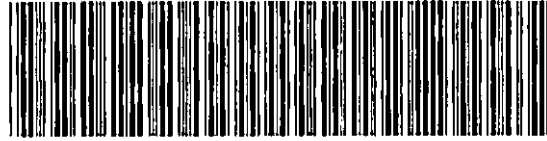
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

date

Office Use Only



700339888447

01/30/20--01017--002 **25.00

RECEIVED
TALLAHASSEE
STATE

2020 MAR 6 PM 3:18

FILED

RECEIVED
MAR 09 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2020

RAPHAEL VARGAS
4023 N ARMENIA AVE
TAMPA, FL 33607

SUBJECT: REAL ECOM LLC
Ref. Number: L19000217016

We have received your document for REAL ECOM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 520A00003954

FILED
6 AM 10:51
2020 FEB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REAL ECOM 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:

Raphael Vargas

(Contact Person)

(Firm/Company)

4023 N Armenia Ave

(Address)

Tampa, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Raphael Vargas

(Name of Contact Person)

at (703) 282 7230
(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)

2009 MAR 6 PM 3:18

RECEIVED

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: REAL ECOM LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000217016

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2019

4. I, DIEGO GONZAGA CINTRA, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR
(Print Title)

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

Diego Gonzaga

Signature of Dissociating Member or Resigning Manager

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