L19000220157

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Driven Desear	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
Javier Alonso Llama (Contact Person)	
Driven Rosarch a (Firm/Company)	LC.
201 Padeira Due. (Address)	
acraf -Sables, FL. 331. (City/State and Zip Code)	<u>34</u>
For further information concerning this matter, pla	ease call:
Javier Honso Hamazons at (, (Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for:
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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 Flo	orida Department
of State is:	river Bossarch LLC.	·
2. The Florida doc	ument/registration number assigned to this limited liability com	pany is:
L.19000	1220157	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	01/07/2020
4.1. <u>Ilbo.</u> (Print N	Lo Parichal, hereby withdraw/resign as a lame of Person Resigning)	1.)
_ A.S	(Print Title)	
	bility company and affirm the limited liability company has bee	en notified; of my
4	, beck Manchen	(A) (T)
Signature of Di	ssociating Member or Resigning Manager	
_	\$25.00 (Required) \$30.00 (Optional)	