

L19000 223666

Alex Arrieta

(Requestor's Name)

1945 NE 193 Street

(Address)

Miami, FL 33179

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

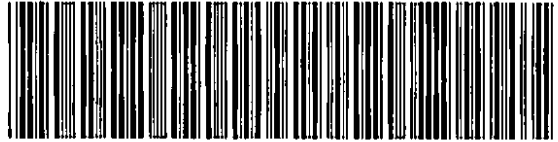
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

8/28

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06/02/20--01014--016 **70.00

LLC
ReSign.
m/m

2020 JUN 28 A 8:57

JTA 09/22/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2020

ALEX ARRIETA
1945 NE 193 STREET
MIAMI, FL 33179

SUBJECT: 1 OUT OF TEN, LLC
Ref. Number: L19000223666

We have received your document and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 320A00012253

RECEIVED

AUG 28 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1 out of Ten, 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:

Lucy Lopez-Arrieta
(Contact Person)

1 out of Ten, LLC.
(Firm/Company)

1945 NE 193rd. street
(Address)

Miami, FL 33179
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (305) 318-8080
(Name of Contact Person) (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

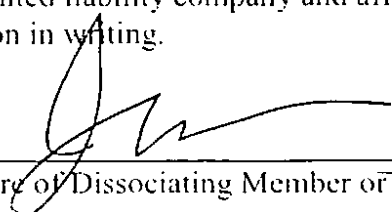


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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: 1 out of Ten, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L19000223666
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2020
4. I, Juan Chaparro, 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)

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