

	(Requestor's Name)
<u> </u>	(Address)
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	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SUBJECT:

(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:

Nina M Salcedo

(Contact Person)

ENS Accounting Corp

(Firm/Company)

5955 SW 162nd Path

(Address)

Miami, FI 33193

(City/State and Zip Code)

For further information concerning this matter, please call:

Nina M Salcedoat (305469-17-59(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 Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

### MAILING ADDRESS:

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





#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# 19 Di C 20 F DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FRO 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: \_\_\_\_\_

- 2. The Florida document/registration number assigned to this limited liability company is: L190000237480
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_\_
- Elvis D Salvador 4. I.

\_\_\_\_\_\_, hereby withdraw/resign as a

(Print Name of Person Resigning)

JMBR Prim Title

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

gnature of Dissociating Member or Resigning Manager

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