L19000238665

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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16.

COVER LETTER

Division of Corporations		
SUBJECT: EGOAVIL SALAS & VELOSO PL	LC	
	nited Liability	Company)
The enclosed member, resignation or dissoc	iation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter	to:
LALINE CONCEPCION VELOSO		
(Contact Person)		
EGOAVIL SALAS & VELOSO PLLC		
(Firm/Company)		
2525 Ponce de Leon Boulevard, Suite 300		
(Address)	=	 ,
Coral Gables, FL 33134		
(City/State and Zip Code)		
For further information concerning this matt	ter, please ca	ıll:
LALINE CONCEPCION VELOSO	305 at (818-9993)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florid	a Department of State for:
■ \$25 Filing Fee	□ \$55 Fil	ling Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

TO: Registration Section



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)

EGO.	limited liability company as		of the Florida De	epartmen
2. The Florida doc L19000238665	ument/registration number as	ssigned to this limited liabi	lity company is:	
3. The date this mo	ember/manager withdrew/res	igned or will withdraw/resi	gn is:	21
4. I, EULALIA SALAS, hereby withdraw/resign as, hereby withdraw/resign as, MEMBER/MANAGER				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability company	/ has been notifi	ed of my
Signature of D	ssociating Member or Resign	ning Manager	702 TAL	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		2021 HAY -3 PM 2: I	1 1