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04/16/24--01611--004 **25.06



COVER LETTER'

Division of Corporations	
SUBJECT: Penetra Holdings, LLC	
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to:
Carlos Penetra	
(Contact Person)	
Penetra Holdings, LLC	
(Firm/Company)	
3815 Maxine St	
(Address)	
Fort Myers, FL 33901	•
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Roberta Faria Penetra	239 560-1110 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\infty\$ \$\$ \$25 Filing Fee	the Florida Department of State for: S55 Filing Fee & Certified Copy
	a soo rining rock a certified copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81 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)

		APR
	limited liability company as it appears on	the records of the Florida Department
of State is:	ra Holdings, LLC	9
2. The Florida doc	ument/registration number assigned to this	s limited liability company is:
3. The date this mo	mber/manager withdrew/resigned or will	withdraw/resign is: <u>04/15/2024</u>
4. 1, <u>ROPGRTA</u> (Print N	FACIA PCNOTRA . hereby	withdraw/resign as a
Manager/Owner/l	President	
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liabiting.	ility company has been notified of my
- Paris		
Signature of D	ssociating Member or Resigning Manage	r
Filing Fee:	\$25.00 (Required)	
Certified Conv:	\$30.00 (Ontional)	