## L19000275049

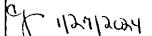
| (Requestor's Name)                      | ·           |
|-----------------------------------------|-------------|
|                                         |             |
| (Address)                               |             |
|                                         |             |
| (Address)                               | <del></del> |
| (Address)                               |             |
|                                         |             |
| (City/State/Zip/Phone #)                |             |
| PICK-UP WAIT                            | MAIL        |
|                                         | -           |
|                                         |             |
| (Business Entity Name)                  |             |
|                                         |             |
| (Document Number)                       | <del></del> |
|                                         |             |
| Certified Copies Certificates of State  | ıs          |
| · <del></del>                           |             |
|                                         | <del></del> |
| Special Instructions to Filing Officer; |             |
|                                         |             |
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12/22/23--01012--006 +\*25.00



## **COVER LETTER**

| TO. Registration Section                     |                   |                                                           |
|----------------------------------------------|-------------------|-----------------------------------------------------------|
| Division of Corporations                     |                   |                                                           |
| SUBJECT: Prado 101 LLC                       |                   |                                                           |
|                                              | ited Liability Co | ompany)                                                   |
| The enclosed member, resignation or dissoci  | iation and fee    | (s) are submitted for filing.                             |
| Please return all correspondence concerning  | this matter to    | ):                                                        |
| Marien Perez                                 |                   |                                                           |
| (Contact Person)                             |                   | <del>_</del>                                              |
| Rustica 207 LLC                              |                   |                                                           |
| (Firm/Company)                               |                   | <del></del>                                               |
| 145 West 33rd Street                         |                   |                                                           |
| (Address)                                    |                   | · <del></del>                                             |
| Hialeah, FL 33012                            |                   |                                                           |
| (City/State and Zip Code)                    |                   | _                                                         |
| For further information concerning this matt | er, please call   | t:                                                        |
| Marlen Perez                                 | 305<br>_ at (     | 586-9709                                                  |
| (Name of Contact Person)                     | (Area Cod         | le & Daytime Telephone Number)                            |
| Enclosed please find a check made payable t  | o the Florida     | Department of State for:                                  |
| ■ \$25 Filing Fee                            | □ \$55 Filir      | ng 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<br>Tallahassee, FL 32303 |

CR2E079 (2/14)



## 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)

|                                         | e limited liability company as it appears on the records of the Florida Department       |
|-----------------------------------------|------------------------------------------------------------------------------------------|
| 2. The Florida doc<br>L19000275049      | eument/registration number assigned to this limited liability company is:                |
| 3. The date this m                      | ember/manager withdrew/resigned or will withdraw/resign is: 4/2023                       |
|                                         | , hereby withdraw/resign as a  Name of Person Resigning)                                 |
| Member                                  |                                                                                          |
|                                         | (Print Title)                                                                            |
| of this limited lia<br>resignation in w | ability company and affirm the limited liability company has been notified of my riting. |
| Felier                                  | a Blance                                                                                 |
|                                         | issociating Member or Resigning Manager                                                  |
|                                         | \$25.00 (Required)                                                                       |