## L19 000 298913

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700373460497

09/20/21--01015--002 \*\*25.00

2021 SEP 20 PM 3: 33

## COVER LETTER '

TO:	Regis	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	Three Dots Holdings		
		(Name of	Limited Liability Co	ompany)
The er	nclosed	d member, resignation or dis-	sociation and fee	(s) are submitted for filing.
Please	returr	all correspondence concern	ing this matter to	:
Juan A	costa			
		(Contact Person)		
Three I	Dots Ho	oldings LLC		
		(Firm/Company)		
397 No	orthwest	152nd Lane		
		(Address)		<del></del>
Pembro	oke Pine	es/FL 33028		
		(City/State and Zip Code)		_
For fu	rther ii	nformation concerning this n	natter, please call	:
Juan A	costa		954 at (	673-8735
	(N	ame of Contact Person)		e & Daytime Telephone Number)
	-	ase find a check made payah		-
<b>= \$</b> 2:	5 Filin	g ree	□ \$55 Filir	ng Fee & Certified Copy
		ng Address:		Street Address:
		stration Section sion of Corporations		Registration Section Division of Corporations
		Box 6327		The Centre of Tallahassee
		hassee, FL 32314		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	s it appears on the records	of the Florida Department	
of State is:	Dots Holdings LLC			
2. The Florida docu L19000298913	ument/registration number a	ssigned to this limited liab	ility company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/res	sign is:	
4. I. Matias Carrio		, hereby withdraw/resign as a		
(Print N	ame of Person Resigning)			
Manager				
	(Print Title)			
of this limited lial resignation in wr	bility company and affirm thiting.	ne limited liability compan	7021 SE2	
Signature of Di	ssociating Member or Resig	gning Manager	20 PM 3 PARY OF S	
Filing Fee:	\$25.00 (Required)		3: 33 STATE	
Certified Copy:	\$30.00 (Optional)			