## L190003C4439

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





600357905206

01/19/21--01005--021 \*\*25.00

7771.174 19 PM12: 46



## **COVER LETTER**

	egistration Section ivision of Corporations	
SUBJEC		
	(Name of Limi	ed Liability Company)
The enclo filing.	osed member, managing member or	manager resignation and fee(s) are submitted for
Please ret	urn all correspondence concerning t	his matter to:
	Nicolas Lares	
	(Contact Person)	
	Latus App, LLC	
	(Firm/Company)	
	15032 SW 36th St	
	(Address)	
	Davie, FL 33331	
	(City/State and Zip Code)	
For furthe	er information concerning this matte	r, please call:
	Nicolas Lares	at ( 954 ) 303-5480
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed	please find a check made payable to  ■ \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
	COURIER ADDRESS:	MAILING ADDRESS: Registration Section
Division of	of Corporations	Division of Corporations
	eutive Center Circle ee. Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	e limited liability company a Latus App, LL	is it appears on the records of C	the Florida Department
or State is:			·
2. This limited lia	bility company was organizo Florida	ed under the laws of:	
	eument/registration number o	of this limited liability compar	ny is:
4. I,	Adrian Mederos  Name of Person Resigning)	, hereby resign as a	MGR (Print Title)
	ability company and affirm t	he limited liability company h	nas been notified of my
	drian Med Signing Member, Managing		PHI2: 46 SEE. FL
	\$25.00 (Required) \$30.00 (Optional)		