L200000 3423

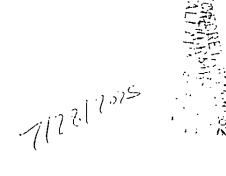
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER _

TO:	Registration Section Division of Corporations			
SHRI	AZ ENTERPRISES LLC			
., 0 1,,,	(Name of Limited Liability Company)			
The e	nclosed member, resignation or disso	ociation and fee(s	s) are submitted for filing.	
Please	e return all correspondence concernin	ig this matter to:		
ZULY	SANCHEZ			
	(Contact Person)		<u></u>	
AZ EN	VTERPRISES LLC			
	(Firm/Company)		_	
1110 [PINE RIDGE RD SUITE 303			
	(Address)		_	
NAPL	ES. FL 34108			
	(City/State and Zip Code)		_	
For fi	orther information concerning this ma	itter, please call:		
ZULY	SANCHEZ	239 at (2509760	
	(Name of Contact Person)		& Daytime Telephone Number)	
Enclo	sed please find a check made payable	e to the Florida I	Department of State for:	
= \$2	5 Filing Fee	□ \$55 Filing	g Fee & Certified Copy	
	Mailing Address:		Street Address:	
	Registration Section		Registration Section	
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 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)

1. The name of the	limited liability company as	it appears on the records of the Florida Department
of State is: AZE	NTERPRISES LLC	
2. The Florida docu	iment/registration number as	ssigned to this limited liability company is:
L20000003423	_	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 5/1/2025
4. IALEJANDRO S	ANCHEZ	, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
COO		
	(Print Title)	
of this limited lial resignation in wr		e limited liability company has been notified of my
	1/2)	
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee:	\$25,00 (Required)	
Certified Copy:	\$30.00 (Optional)	