LZO OOCA 7627

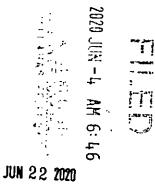
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Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	•

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S. YOUNG

COVER LETTER

TO:	4-	Registration Section Division of Corporations					
	DIVIS	non of Corporations					
SUBJI	ECT:	Meltdown, LLC.					
		(Name of	(Name of Limited Liability Company)				
The en	closec	I member, resignation or dis	sociation and fee(s) are submitted for filing.			
Please	return	all correspondence concern	ing this matter to:				
ARANZ	ZA CAG	CERES					
		(Contact Person)		_			
		(Firm/Company)		_			
		(r/m/Company)					
9046 A	lexandr	a Circle					
		(Address)		_			
Welling	gton, FL	. 33414					
		(City/State and Zip Code)		_			
For fur	ther in	nformation concerning this r	natter, please call:				
ARANZ	ZA CAG	CERES	561 at (310-4172			
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclos ■ \$25	-	ase find a check made payal g Fee		Department of State for: g Fee & Certified Copy			
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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)

	limited liability company as	s it appears on the records of the	he Florida Depart	ment
2. The Florida docu L20000027627	ment/registration number a	ssigned to this limited liability	company is:	
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resign	4/01/2020 i is:	
. I, ARANZA CACERES, hereby withdraw/resign as, hereby withdraw/resign as			ı as a	
Manager				
(1	Print Title)			
Signature of Dis		ne limited liability company ha	as been notified o	fmy