1200000 32184

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Cil	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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то:	Registration Division o	n Section f Corporations	·	
SUBJ	РЕСТ:		СОСОСНІ І	
		(Name of L	imited Liability Co	anpany)
The e	nclosed men	nber, resignation or disso	ociation and fee((s) are submitted for filing.
Please	e return all co	orrespondence concernin	g this matter to	:
		Miroslava Ferreira		
		(Confact Person)		
•		COCOCHILLC		
		(Firm/Company)		_
		823 NE 191 ST		
		(Address)		_
		MIAMI, FL 33179		
		(City/State and Zip Code)		
For fu	irther inform	ation concerning this ma	itter, please call	:
	Mir	oslava Ferreira	305	244 - 4057
_	(Name o	f Contact Person)	(Area Cod) e & Daytime Telephone Number)
		nd a check made payable		•
	P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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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)

		as it appears on the records of the Florida Department
2. The Florida doc	ment/registration number L20000032184	assigned to this limited liability company is:
4. I	eonardo Chindemi	o1/28/2020 esigned or will withdraw/resign is:
	ame of Person Resigning) AMBR (Print Title)	
of this limited lia resignation in wr	inng.	the limited liability company has been notified of my
Signature of D	ssociating Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	