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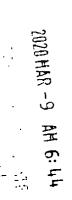
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## **COVER LETTER**

Division of Corporations  SUBJECT:  ORTA-PALACIO LLC  (Name of Limited Liability Company)  The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  ODET M ORTA-PALACIO  (Contact Person)  ORTA-PALACIO LLC  (Firm/Company)  121 SW PALM DR. APT. 201  (Address)  PORT SAINT LUCIE, FL 34986  (City/State and Zip Code)  For further information concerning this matter, please call:
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ODET M ORTA-PALACIO 561 516-2831 at ()
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:
■ \$25 Filing Fee
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 8 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)

OPT	TA-PALACIOLLC	it appears on the records of the Fl	•
2. The Florida docu 1.20000044509	ment/registration number as:	signed to this limited liability con	npany is:
4. 1. ALEXEIS ORT (Print No. AMBR	`A  ame of Person Resigning)  Print Title)	gned or will withdraw/resign is:, hereby withdraw/resign as a	<b>a</b>
Signature of Districtions Filing Fee:			2020 MAR -9 AM 6: