L20000049348

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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9.Mision of Conformation
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APR 2-1 2021

R. HUNT

COVER LETTER

| TO: Registration Section | | | | |
|---|-------------------------------|--|--|--|
| Division of Corporations | | | | |
| • | | | | |
| SUBJECT: May's Hove - OS (Name of Limited Liability C | a Hana, UC ompany) | | | |
| The enclosed member, resignation or dissociation and fee | (s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to |): | | | |
| Rosie DEROSA (Contact Person) | | | | |
| (Contact Person) | | | | |
| | | | | |
| | | | | |
| (Firm/Company) | | | | |
| | | | | |
| 7002 SW 76 St (Address) | _ | | | |
| Muari, Horida 33 (City/State and Zip Code) | 1/3 | | | |
| For further information concerning this matter, please call: | | | | |
| Rose De Rose at 186 (Name of Contact Person) (Area Cod | y867673 | | | |
| (Name of Contact Person) (Area Cod | e & Daytime Telephone Number) | | | |
| Enclosed please find a check made payable to the Florida Department of State for: | | | | |
| \ | ng Fee & Certified Copy | | | |
| | .g co w corumed copy | | | |
| Mailing Address: | Street Address: | | | |
| Registration Section | Registration Section | | | |
| Division of Corporations | Division of Corporations | | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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 | y as it appears on the records of t | the Florida Department |
|--|--|---------------------------------------|------------------------|
| of State is: MC | ing's House- | - Casablaria. | uc_ |
| | ument/registration numbe | er assigned to this limited liability | y company is: |
| 3. The date this me | mber/manager withdrew/s | resigned or will withdraw/resigr | ris: Feb:1,2021 |
| 4. 1, Jorge Prini N. AM | Recary, W. ame of Person Resigning) BR | , hereby withdraw/resign | n as a |
| of this limited liab resignation in wri | ting. | n the limited liability company h | N3 C: |
| Signature of Dis | ssociating Member or Res | signing Manager | PER HAR - |
| Filing Fee: | \$25.00 (Required) | • | - 700 |
| Certified Copy: | | · | PH 12: 0-1 |