

L20 000109038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

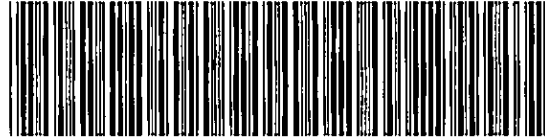
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900355796239

01/06/21--01011--011 **25.00

FEB 13 2021
S. YOUNG

2021 JAN -6 PM 12:19
FEB 13 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THEEA - Suds 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:

Odalis Abreu
(Contact Person)

THEEA - Suds LLC
(Firm/Company)

922 E. 26 Street
(Address)

HiALEAH, FL 33013
(City/State and Zip Code)

For further information concerning this matter, please call:

Odalis Abreu at (786) 253-7230
(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 \$55 Filing Fee & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: THERA-SUDS LLC .

2. The Florida document/registration number assigned to this limited liability company is:

 L2000109038 .

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/2020

4. I, RAFAEL L. TEJAS , hereby withdraw/resign as a

(Print Name of Person Resigning)

 MANAGER .

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

2021 JAN -6 PM 12:19