

L20 000 119835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

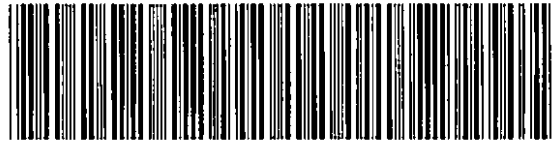
(Business Entity Name)

(Document Number)

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FALL AGENCY, FLORIDA

JUN 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

FACE

SUBJECT: PROTECTIVE ~~MASK~~, 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:

ALEJANDRO AGUIRRE

(Contact Person)

AGUIRRE CONSULTANTS, INC

(Firm/Company)

7504 SW 78 TERRACE

(Address)

MIAMI FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRO AGUIRRE

(Name of Contact Person)

at (305) 606 3459

(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: PROTECTIVE FACE, L.L.C.

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

L20000119835

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/11/2020

4. I, RICARDO BEATON, hereby withdraw/resign as a
(Print Name of Person Resigning)

GENERAL PARTNER (AABR)
(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)

2020 JUN 15 AM 11:46
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA