LZ0 000 173585

(Requestor's Name)					
(Ad	(Address)				
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(Cit	ry/State/Zip/Phone #))			
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PICK-UP	☐ WAIT	MAIL MAIL			
(Bu	siness Entity Name)				
	cument Number)				
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Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

Division of Corporations				
SUBJE	ECT: EMP1	RE LLC		
(Name of Limited Liability Company)				
The en	closed member, resignation or di	ssociation and fee(s) are submitted for filing.		
Please	return all correspondence concer	ning this matter to:		
]	Ludovica Colasanto 786	6356883		
	(Contact Person)			
	Emp1re llc			
	(Firm/Company)			
	(Address)	110 WASHINGTON AVENTE, 33139 FO		
	Miami Beach, Flori			
	(City/State and Zip Code)			
For fur	ther information concerning this	matter, please call:		
	Ludovica Colasanto	at (786) 6356883 (Area Code & Daytime Telephone Number)		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
	ed please find a check made pay Filing Fee	sble to the Florida Department of State for: \$55 Filing Fee & Certified Copy		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

CR2E079 (2/14)

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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)

	imited liability company a	E LLC	s of the Florida Department
	•	assigned to this limited lial	bility company is:
I	.20000173585	·	
3. The date this men	nber/manager withdrew/re	signed or will withdraw/re	esign is: <u>05/10/2021</u>
4. I. Ales	sandro Buono	, hereby withdraw/r	resign as a
	me of Person Resigning)	<u> </u>	
	AMB .		
	Print Title)		
of this limited liab resignation in writ	ility company and affirm ting.	the limited liability compa	ny has been notified of my
DocuSigne JECO2560	nd by:		
Signature of Dis	sociating Member or Resi	gning Manager	PHII: 43
Filing Fee:	\$25.00 (Required)		77
Certified Copy:			Le