

(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:
J. HORNE
J. HORNE JUL 3 0 2024





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COVER LETTER

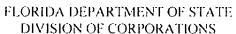
Division of Corporations
SUBJECT: TEDP1 LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
CARLOS LUPIA C
TEDPI LL C (Firm/Company)
398 CAMINO GARDENS BLVD # 209 (Address)
BOCA RATON, FL 33432 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 719-8865 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum{\$\sum{\$\sum{\$\text{S25}}}\$ 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





DIVISION OF CORPORATIONS DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM

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FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216, Florida Statutes)

1. The name of the	imited liability company as it appears on the records of the Florida Department
of State is:	EDPI LLC
2. The Florida doc	ment/registration number assigned to this limited liability company is:
3. The date this me	nber/manager withdrew/resigned or will withdraw/resign is: $\sqrt{304-13-20}$
4. I. <u>LÜNS V</u>	ALENCIA, hereby withdraw/resign as a me of Person Resigning)
	MBER Print Title)
of this limited lia resignation in wr	ility company and affirm the limited liability company has been notified of my ing
Signature of Di	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)