120000257084

(Requ	iestor's Name)	
(Addr	ess)	
(Addre	955)	
(100)	J 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Nan	ne)
,	,	,
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



100417790171

10/23/23--01021--001 **25.00

FILED
2029 OCT 23 PM 1: 11

COVER LETTER ,

TO: Registration Section Division of Corporations	
INFINITY PARADISE LLC SUBJECT:	
(Name of Limited	d Liability Company)
The enclosed member, resignation or dissociati	
Please return all correspondence concerning thi	is matter to:
KARINA GONZALEZ	
(Contact Person)	
(Firm/Company)	
6465 W 12TH LN	
(Address)	
HIALEAH, FL 33012	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
KARINA GONZALEZ	786 525-6388
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t S25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FILED

2023 OCT 23 PM 1: 11

FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department
2. The Florida doc £20000257084	ument/registration number assigned to this limited liability company is:
JOSE Y HERNA	ember/manager withdrew/resigned or will withdraw/resign is: 10/12/2023
(Print) MGR	, hereby withdraw/resign as a warm of Person Resigning)
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my citing.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)