120000281637

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
		r
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		
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Office Use Only



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2021 J. 12 MILEST

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2020

MICHELLE CANELA 1075 JASON WAY WEST PALM BEACH, FL 33406

SUBJECT: 3674 VICTORIA DRIVE LLC

Ref. Number: L20000281637

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee for filing a resignation or dissociation of member or manager from a limited liability company is \$25 PER PERSON.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 520A00025974

COVER LETTER

TO: Registration Section	γη2η····· σ·· 2: 12
Division of Corporations	
SUBJECT: 3674 Victoria	ted Liability Company)
(Name of Entit	ted Liability Company)
The enclosed member, resignation or dissocia	ition and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
ΔΛ	
Michelle Canela	
Michelle Canela (Contact Person) 3674 Victoria Drive LL C (Firm/Company)	
3674 Victoria David IIC	
(Firm/Company)	
1 = = = = = = = = = = = = = = = = = = =	
1075 Jason Wow	
(Autorest)	
West Palm Beach FL 33406 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Michelle Canela	a1 (Slot) 963-3243
(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:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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SECRETARY OF STATE TALLAHASSEE, FL

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 lir	nited liability company as it appears on the records of the Florida Department
of State is: 369	4 Victoria Drive LLC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L20000	281637
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: 10/16/2020
4. I. Rosario D (Print Nam	hereby withdraw/resign as a e of Person Resigning)
AMBR	int Title)
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my
Signature of Disso	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	