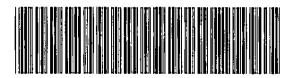
# L20000308253

(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:

Office Use Only



400381017014

02/14/22--01023--018 \*\*25.00

2022 FEB | 4 AM 9: 14
SECREDARY OF STATE

O SIMMONS FEB 2 8 2022

#### **COVER LETTER**

	on Section of Corporations		
SUBJECT: La I	Pura, LLC.		
	(Name of	Limited Liability Con	npany)
The enclosed me	mber, resignation or diss	sociation and fee(s	) are submitted for filing.
Please return all o	correspondence concern	ing this matter to:	
Diliamne Jouve Gon	zalez		
	(Contact Person)		-
La Dura, LLC.			
	(Firm/Company)		_
8735 NW 159 Street			
	(Address)		-
Miami Lakes, FL 33	018		
	(City/State and Zip Code)		_
For further inforr	nation concerning this n	natter, please call:	
Diliamne Jouve Gor	zalez	786 at (	460-0483
(Name	of Contact Person)		& Daytime Telephone Number)
Enclosed please t  \$25 Filing Fee	find a check made payab		Department of State for: g Fee & Certified Copy
Mailing Ad			Street Address:
_	on Section of Corporations		Registration Section Division of Corporations
P.O. Box			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



### FILED

2022 FEB 14 AM 9: 14

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	limited liability company as it appears on the records of the Florida Department
of State is: La Do	ura, LLC.
2. The Florida doc L20000308253	ument/registration number assigned to this limited 'iability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Susana Convolor	<del>-</del>
Vice President	
<del>- , -</del>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Amz	alg
Signature of Di	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)