## 120000318186

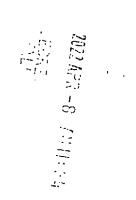
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## **COVER LETTER**

TO: Registration Section Division of Corporations Wooddecker IIc. **SUBJECT:** (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: Eduardo Gonzalez (Contact Person) Wooddecker IIc (Firm/Company) 600 NE 97th street (Address) Miami shores Florida, 33138 (City/State and Zip Code) For further information concerning this matter, please call: Eduardo Gonzalez (786) 459 2356 (Area Code & Daytime Telephone Number) (Name of Contact Person) 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 P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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)

1. The name of the l	imited liability company	as it appears on the records of the Flori	ida Department
of State is: Woodd	ecker lic		
2. The Florida docum	ment/registration number	assigned to this limited liability compa	iny is: A
1.20000318186		<del></del> .	1 20
3. The date this men	nber/manager withdrew/i	03/2 resigned or will withdraw/resign is:	9/2022
4. 1, 1/4/20 (Print Na	me of Person Resigning)	, hereby withdraw/resign as a	
Ja146-2			
of this limited liab resignation in writ		the limited liability company has been	notified of my
	4	- A STATE OF THE S	Simon Azrak
Signature of Dis	sociating Member or Re	signing Manager	State of Florida Comm# HH037828 Expires 8/31/2024
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	V FL ID: \$535-5 V PERSONALLY KN	546-70-406-
		THEISONALLY KN	DOWN TO ME
		THE SIS	