h20000318370

Office Use Only



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10/21/21--01025--805 **25.00

FILED
2021 OCT 21 AM 10: 47
SECRETARY OF STATE

COVER LETTER

	Registration Section		
ľ	Division of Corporations		
SUBJEC			
	(Name of)	Limited Liability Co	mpany)
The encl	osed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please re	eturn all correspondence concerni	ng this matter to:	
CLAUDIA	A RUBIO		
	(Contact Person)		_
WINDSO	R TITLE SERVICES INC		
	(Firm/Company)	 ,	_
3191 COF	RAL WAY SUITE 106		
	(Address)		_
МІАМІ, І	1. 33145		
	(City/State and Zip Code)		_
For furth	ner information concerning this m	atter, please call:	
CLAUDIA	A RUBIO	305 at (4442086
	(Name of Contact Person)	\	e & Daytime Telephone Number)
	I please find a check made payab iling Fee		Department of State for: g Fee & Certified Copy
	<u>Jailing Address:</u> Registration Section		Street Address: Registration Section
I	Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1. 32303



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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)

of State is: 2. The Florida docu	ET GOOD L.L.C. iment/registration number	assigned to this limited liability company is:
L20000318370		 •
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:
JOSEPH PATEJ	ana	, hereby withdraw/resign as a
Print N	ame of Person Resigning)	
MANAGER		
	(Print Title)	·
resignation in wr		the limited liability company has been notified of my
Signature of Di	1220Clatting McMoct of Ices	igning manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

CD20070 (2/14)