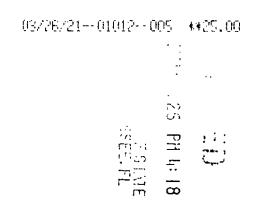
La0000333120

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER,

Registration Section TO: **Division of Corporations** C. PAESANI PROPERTIES LLC 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: ALEXANDER G. CUBAS (Contact Person) ALEXANDER G. CUBAS, P.A. (Firm/Company) 9580 SW 107 AVENUE SUITE 202 (Address) MIAMI FL 33176 (City/State and Zip Code) For further information concerning this matter, please call: at (_____) 595-6337 (Area Code & Daytime Telephone Number) ALEXANDER G CUBAS (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 Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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	limited fiability company a	s it appears on the records of the	he Florida Department
of State is: C. PA	AESANI PROPERTIES LLC		
2. The Florida doc L20000333120	ument/registration number a	nssigned to this limited liability	company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign	is: 03/24/2021
4. I, MICHAEL PAESANI (Print Name of Person Resigning)		, hereby withdraw/resign as a	
(Print N MANAGING MI			•
(Print Title)			•
of this limited lia resignation in wr	- · · · ·	he limited liability company ha	ns been notified of my
Signature of Di	issociating Member or Resig	gning Manager	19 19
	\$25.00 (Required) \$30.00 (Optional)		