120000335399

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
_	_	_		
(Business Entity Name)				
(Document Number)				
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Certified Copies	_ Certificates	or Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
TALLAHASSEE, FL

O STIMINON: APR 0 5 2022

COVER LETTER

TO: Registration Section Division of Corporations

KAIZEN CAPITAL SERVICES L	.LC			
SUBJECT: (Name of Limited Liability Company)				
The enclosed member, resignation or disso	ciation and fee	e(s) are submitted for filing.		
Please return all correspondence concernin	g this matter to	o:		
NINOTCHKA HECHT				
(Contact Person)				
FAST FILING SERVICES LLC				
(Firm/Company)		<u> </u>		
10450 NW 33RD ST STE 305				
(Address)		<u> </u>		
DORAL FL 33172				
(City/State and Zip Code)	-	_		
For further information concerning this ma	itter, please cal	11:		
NINOTCHKA HECHT	786 at (762-2048		
(Name of Contact Person)		de & Daytime Telephone Number)		
Enclosed please find a check made payable	to the Florida	Department of State for:		
■ \$25 Filing Fee		ng 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		
Tallahassee FI 32314		2415 N. Monroe Street Suite 816		

Tallahassee, FL 32303

CR2E079 (2/14)





2022 MAR 28 AH 7: 52

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)

	E limited liability company as it	appears on the records of the Florida Department
2. The Florida doc £20000335399	ument/registration number assi	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is:
4. I. CARLOS GURUCEAGA (Print Name of Person Resigning)		
AMBR		
	(Print Title)	
of this limited lia resignation in wi		limited liability company has been notified of my
Signature of D	issociating Member or Resigni	ng Manager
	\$25.00 (Required) \$30.00 (Optional)	