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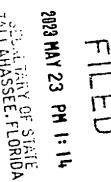
(R	equestor's Name)					
		 				
(Address)						
(Address)						
(C	ity/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
	<u> </u>					

Office Use Only



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COVER LETTER

TO:	-	ation Section of Corporations		
SURI	ECT:	SOTO	LARA LLC	
3020		(Name of I	imited Liability Cor	mpany)
The er	nclosed m	nember, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please	e return al	l correspondence concerni	ng this matter to:	
		Victor Lara		
•		(Contact Person)	<u> </u>	_
		SOTOLARA LLC		
		(Firm/Company)	•	_
		4875 Regency Ct		
		(Address)		-
		Boca Raton 33434		
		(City/State and Zip Code)		_
For fu	ırther info	rmation concerning this ma	atter, please call:	
	j	ackie Gutierrez	at (786	332 0203
	(Nam	e of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed pleaso 5 Filing F	e find a check made payabl ee		Department of State for: g Fee & Certified Copy
	Division P.O. Bo	ation Section n of Corporations		Street Address: 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	limited liability company as	it appears on the records	s of the Florida Department
of State is:	SOTOLARA LLC		·
	ument/registration number as		bility company is:
9	0-1668191 LZ0000 33°	7844	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/re	5/17/2023 esign is:
4. I,	Victor Lara ame of Person Resigning)	, hereby withdraw/i	resign as a
	neral Manager		
	(Print Title)		
of this limited lial resignation in wr	bility company and affirm th	e limited liability compa	ny has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	FIL 2023 MAY 23 TALLAHASS
Filing Fee:	\$25.00 (Required)		HAS N 2
Certified Copy:	\$30.00 (Optional)		3 PH I: I