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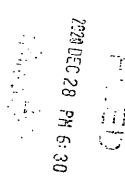
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
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Office Use Only



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12/28/20--01010--026 \*\*25.00



S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Over SUBJECT: (Name of Limited Liability Com	LC pany)
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.
Please return all correspondence concerning this matter to:	
Philipe CARUAlho (Contact Person)	
(Firm/Company)	
4811 5 5 LALE ROAD 7	_
Date FZ 33314 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Philipe (ARVA/ho at (954) (Name of Contact Person) (Area Code	9652480 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D  S25 Filing Fee   S55 Filing	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



## 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 of the Florida Department of State is:    Quello VINO LLC						
500 355 449 105  3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/16/20  4. I, Alentina Rudelman, hereby withdraw/resign as a (Print Name of Person Resigning)  MGL (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Dissociating Member or Resigning Manager					Florida Depar	tment
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/16/20 4. I, VALENTINA RUDELMAN, hereby withdraw/resign as a (Print Name of Person Resigning)  MGL (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Valentina Rudelman Signature of Dissociating Member or Resigning Manager	2. The Florida docu	ment/registration number	er assigned to this	s limited liability co	ompany is:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/16/20 4. I, VALENTINA RUDELMAN, hereby withdraw/resign as a (Print Name of Person Resigning)  MGL (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Valentina Rudelman Signature of Dissociating Member or Resigning Manager	500 35	55449105	<b>-</b>			
4. I, VALENTINA KUDERMAN, hereby withdraw/resign as a  (Print Name of Person Resigning)  MGR (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Valentina Kuderman, hereby withdraw/resign as a  (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Dissociating Member or Resigning Manager	3. The date this mer	nher/manager withdrew	/resigned or will	withdraw/resign is:	12/16	<u>/2</u> 0
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Valentiae  Signature of Dissociating Member or Resigning Manager	4. I, VAlenti (Print No.	NA KUDERM Ime of Person Resigning)	AN, hereby	withdraw/resign as	s a	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Dissociating Member or Resigning Manager						
	of this limited liab resignation in wri	ility company and affire	m the limited liab	<u>Ima</u> N		of my
Certified Copy. 330.00 (Optional)	Filing Fee:	\$25.00 (Required)	esigning manage	1	7. 330 G.3.	
	Certified Copy.	330.00 (Optional)			28 PM 6:	