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## **COVER LETTER**

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Orietta Bustamante
STudio Verde LLC (Firm/Company)
1501 ne 1915 #303
Miami Fl 33179 (City/State and Zip Code)
For further information concerning this matter, please call:
Orietta Bustamank at (786), 222-6855 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  [] \$25 Filing Fee & Certified Copy

Street Address:

Registration Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

**Mailing Address:** 

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations



## 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 of State is:	Flimited liability com	lpany as it appear	s on the records o	of the Florida Dep	partment
2. The Florida doe	ument/registration nt	imber assigned to	this limited liabi	dity company is:	
4. I. Laura Me	ember/manager withd arcela Herno Same of Person Resigning	indez he	will withdraw/res	ign is: <u>05 /0</u> sign as a	) <u>1-2</u> 02
MGR	(Print Title)				
resignation in wi	bility company and a fiting.  Box associating Member of			SECRETARY TALLAHAS	2021 J
Filing Fee: Certified Copy:	\$25.00 (Required \$30.00 (Optional	•		MH 10: 5;	O