LZ10000 26695

(Re	questor's Name)	·	
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Vicana Connection LLC		
	(Name of	Limited Liability Co	ompany)
The enclosed	d member, resignation or diss	sociation and fee	(s) are submitted for filing.
Please return	all correspondence concern	ing this matter to	:
Victor Tiberge	•		
	(Contact Person)		_
Vicana Conne	ction LLC		
	(Firm/Company)		_
5779 Bird Roa	ad		
	(Address)		_
Miami, Florid	u 33155		
	(City/State and Zip Code)		_
For further i	nformation concerning this n	natter, please call	l:
Victor Tiberge	<u> </u>	786 at (747-6662
(1)	Jame of Contact Person)		le & Daytime Telephone Number)
Enclosed plo ■ \$25 Filin	ease find a check made payab g Fee		Department of State for: ng Fee & Certified Copy
Regi Divi: P.O.	ng Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314		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 of the Florida Department
of State is: Vicar	na Connection LLC
2. The Florida doc: L21000026695	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 02/09/2022
4. I, Victor Tiberge (Print N	, hereby withdraw/resign as a lame of Person Resigning)
Manager	
-	(Print Title)
resignation in wr	
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)