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SELECTION STATE

COVER LETTER

Registration Section **Division of Corporations** AINA WYNN-WYNN, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Laura Weinstein-Berman (Contact Person) (Firm/Company) 6103 Aqua Avenue, Suite 602 (Address) Miami Beach, Florida 33141 (City/State and Zip Code) For further information concerning this matter, please call: Laura Weinstein-Berman (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:



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 of State is:	, ,	it appears on the records of the F	lorida	Depart	tment
2. The Florida document/re	gistration number as:	signed to this limited liability con	mpany	is:	
3. The date this member/ma	anager withdrew/resi	gned or will withdraw/resign is:	April 7,	2023	
TECCIOA CAMOLIUZ		, hereby withdraw/resign as			
(Print Titl	(e)				
Signature of Dissociation Filing Fee: \$25.		e limited liability company has be	E TALLAHASSEE, FLORIC	ified o 2029 MAY II PM 4: O'	f my