h210000 by the f

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phoni	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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09/03/21--01020--013 **25.00





COVER LETTER

TO: R	Registration Section	
D	Division of Corporations	
SUBJEC		
	(Name of L	mited Liability Company)
The encl	osed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please re	turn all correspondence concerning	g this matter to:
Miguel M	irabal-Senra	
	(Contact Person)	
Global Le	gal	
	(Firm/Company)	
5201 Ordu	una Drive Suite 7	
	(Address)	
Coral Gab	oles, FL 33146	
	(City/State and Zip Code)	
For furth	er information concerning this ma	tter. please call:
Miguel M	irabal-Senra	305 7731010 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed	I please find a check made payable	to the Florida Department of State for:
■ \$25 F	iling Fee	☐ \$55 Filing Fee & Certified Copy
	lailing Address:	Street Address:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	O. Box 6327	The Centre of Tallahassee
	allahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

CR2E079 (2/14)

AC.



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 \$tatutes)

	e limited liability company as	s it appears on the records of the Florida Department , LLC
		assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resign is: 8.27.2021
IOSE ARMANDO - CAMPOS		, hereby withdraw/resign as a
Memeber - Mana		
	(Print Title)	
of this limited lia resignation in w	ability company and after the riting.	e limited liability company has been notified of my
Signature of D	issociating Member or Resig	gniter Manager
	\$25.00 (Required) \$30.00 (Optional)	