121000075262

——————————————————————————————————————	equestor's Name)			
(Nequestor s rvaille)				
(Address)				
(Address)				
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(0)	- 101 - 171 IDI	10		
(Cit	ty/State/Zip/Phone	∋ #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
Special instructions to 1 ling Officer.				

Office Use Only



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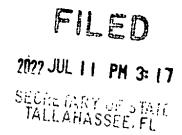
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COVER LETTER

TO:	Registration Section	r
	Division of Corporations	
SUBJ		ind Liability Common)
	(Name of Lin	nited Liability Company)
The er	nclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:
Alejano	dro Alvarez	
-	(Contact Person)	
BOCC	ETTO, LLC	
	(Firm/Company)	
11362	SW 137th PL	
	(Address)	
Miami,	, Florida 33186	
	(City/State and Zip Code)	
For fu	rther information concerning this matt	er, please call:
Alejano	dro Alvarez	786 334-3164 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable	to the Florida Department of State for:
\$25	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy
	Mailing Address:	Street Address:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	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 compar	ny as it appears on the records of the Florida Department	
of State is: BOC	CETTO, LLC		
2. The Florida document/registration number assigned to this limited liability company is:			
L21000075262		·	
		w/resigned or will withdraw/resign is: 12/31/2021	
Esther Andrade		, hereby withdraw/resign as a	
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a	
Manager -MGR			
	(Print Title)	·	
of this limited lia resignation in wr		rm the limited liability company has been notified of my	
_ fu	liade		
Signature of Di	issociating Member or R	Resigning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Conv:	\$30.00 (Optional)		