## h21000083499

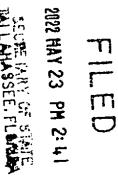
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## **COVER LETTER**

TO: Registration Section Division of Corporations ONNIA BEST LIFE INVETMENTS 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: IVETTE YERN (Contact Person) ONNIA BEST LIFE INVETMENTS LLC (Firm/Company) 7975 NW 154TH STREET suite 246 (Address) MIAMI LAKES FL 33016 (City/State and Zip Code) For further information concerning this matter, please call: IVETTE YERN (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



## 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)

	e limited liability company as	• •	of the Florida De	partment 
2. The Florida doc L21000083499	ument/registration number a	ssigned to this limited liab	ility company is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/res	o5/12/2022 sign is:	
4. I. YASMINA LA PAZ (Print Name of Person Resigning)		, hereby withdraw/resign as a		
(Print ) MANAGER	same of Person Resigning)			
-	(Print Title)			
resignation in wi	ibility company and affirm the riting. Ma JAM2	ne limited liability compan	y has been notific	ed of my
Signature of D	issociating Member or Resig	gning Manager		
	\$25.00 (Required) \$30.00 (Optional)		2022 HAY 23 CECRETARY	7 =