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COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Donnaforte LLC			
(Name of Limited Liability Company)				
The enclosed	I member, resignation or disse	ociation and fee(s) are submitted for filing.	
Please return	all correspondence concerni	ng this matter to:		
Yasmin Garcia	•			
	(Contact Person)		_	
Donnaforte LL	C			
	(Firm/Company)		_	
9881 SW 131 S	St.			
	(Address)		_	
Miami, Fl. 331	76			
	(City/State and Zip Code)		_	
For further in	nformation concerning this m	atter, please call:		
Yasmin Garcia		786 at (440-9172	
(N	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)	
Enclosed ple ▼ \$25 Filing	ase find a check made payabl g Fee		Department of State for: g Fee & Certified Copy	
Regis Divis P.O.	ng Address: Stration Section ion of Corporations Box 6327 hassee, 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 3 FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216, Florida Society)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	naForte LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
1.21000133679	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{10/22/21}{20/21}$
4.1. Ady R	odigue 3 Colla 30, hereby withdraw/resign as a ame of Person Resigning)
membe	
	(Print Title)
of this limited lial resignation in wr	pility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
organitie () ()	soveranie meiner of resigning manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)