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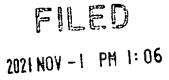
COVER LETTER

Division of Corporations Donnaforte 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: Yasmin Garcia (Contact Person) Donnaforte LLC (Firm/Company) 9881 SW 131 St. (Address) Miami, Fl. 33176 (City/State and Zip Code) For further information concerning this matter, please call: Yasının Garcia (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 The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:

Registration Section





SECRETARY OF STATE TALLAHASSEE, FL

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 company as i	t appears on the records of the Florida Department
of State is:	aForte LLC	
2. The Florida docu	ment/registration number ass	igned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is: 10/26/2021
4.1, EIKE Print No.	DiaZ ame of Person Kesigning)	, hereby withdraw/resign as a
Mounag	Print Title)	
of this limited liab resignation in wri	• •	limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	