## 121000160606

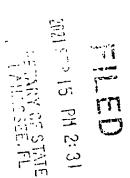
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: ESE DICHO LLC (Name of Limited Lial	ability Company)
	·	
The er	nclosed member, resignation or dissociation a	and fec(s) are submitted for filing.
Please	e return all correspondence concerning this m	natter to:
Helena	a Berdote	<del>.</del>
	(Contact Person)	
ESE D	DICHO LLC	
	(Firm/Company)	
14101	SW 62 Street	
	(Address)	
Miam	i, Florida 33183	
	(City/State and Zip Code)	<del></del>
For fi	urther information concerning this matter, ple	ease call:
Helen	at (	786 355-4238
	(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
	osed please find a check made payable to the 25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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 FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as	s it appears on the records	of the Florida Department
2. The Florida doc	ument/registration number a	ssigned to this limited lia	bility company is:
L21000160606			
3. The date this m	ember/manager withdrew/res	signed or will withdraw/re	09/09/2021 esign is:
Helena I Berdoi	e	, hereby withdraw/r	esign as a
	Name of Person Resigning)	,	5
Authorized Mem	ber		
	(Print Title)		202
resignation in w	Ka Drien	-	ny has been notified of my
Signature of L	vissociating Member or Resig	guing ivianagei	2: 31 STATE EF. FL
Filing Fee:	\$25.00 (Required)		
Certified Conv.	\$30.00 (Optional)		