L21000185272

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Boddinena Hamber)				
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COVER LETTER

	vision of Corporations		
SUBJECT	Gardens Park, LLC		
SOBABC!		Limited Liability Co	ompany)
The enclos	sed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please retu	rn all correspondence concern	ing this matter to	:
Tomas Sinis	terra		
	(Contact Person)		_
Gardens Par	k. LLC		
	(Firm/Company)		_
250 NE 25 S	St, Suite 203		
•	(Address)		<u> </u>
Miami, FL			
	(City/State and Zip Code)		_
For further	information concerning this n	natter, please call	:
Tomas Sinis	tепта	954 at (632-5779
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed p	olease find a check made payab	ole to the Florida	Department of State for:
□ \$25 Fili			g Fee & Certified Copy
	iling Address:		Street Address:
	gistration Section		Registration Section
	vision of Corporations D. Box 6327		Division of Corporations The Centre of Tallahassee
	lahassee, 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)

	limited liability company a	as it appears on the records of the Florida Department
2. The Florida docu 1.21000185272	iment/registration number	assigned to this limited liability company is:
3. The date this me	mber/manager wijndrew re	esigned or will withdraw/resign is: July 1st, 2021
4. I. Carlos H. Rodrig	<i>i</i> 1	, hereby withdraw/resign as a
Manager		
		the limited liability company has been notified of my aning Manager
Signature of Di	ssociating Member or Resi	gning Manager
<i>-</i>	\$25.00 (Required) \$30.00 (Optional)	
	7 (