

**L21000217211**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : CKO CONSULTING AND TAX SERVICES LLC  
Account Number : I20220000100  
Phone : (321)366-0510  
Fax Number : (321)366-0511

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**BUENO SERVICES AND SOLUTIONS LLC**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BUENO SERVICES AND SOLUTIONS LLC  
(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:

CRISTIANE OLIVEIRA SILVA

(Contact Person)

CKO CONSULTING AND TAX SERVICES LLC

(Firm/Company)

7165 WESTPOINTE BLVD STE 303

(Address)

ORLANDO - FL - 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

CRISTIANE OLIVEIRA SILVA

(Name of Contact Person)

321 366 0510  
at ( )  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BUENO SERVICES AND SOLUTIONS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000217211

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/19/2024

4. I, EVERTON LUIZ FERREIRA, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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