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A. RIVERS MAR 1 3 2023

## COVER LETTER

TO:	_	stration Section sion of Corporations			
CUDI		AFR GLOBAL LLC			
SUBJ	ECT:	(Name of Li	mited I	Liability Cor	mpany)
The e	nclosed	d member, resignation or disso	ciatio	n and fee(	s) are submitted for filing.
Please	e returr	all correspondence concerning	g this	matter to:	
Ada N	ачагто				_
		(Contact Person)			_
AFR C	Global L	LC			
		(Firm/Company)			_
23351	SW 100	5th PL			
•		(Address)			_
Home	stead F1	. 33032			
		(City/State and Zip Code)			
For fi	urther i	nformation concerning this ma	atter, p	lease call:	
Ada N	lavarro		at	305 (	3318684
	(N	Name of Contact Person)			e & Daytime Telephone Number)
		ease find a check made payable			
<b>■</b> \$2	5 Filin	g Fee	L,,,,	l \$55 Filin	g Fee & Certified Copy
	Regi	ng Address: stration Section			Street Address: Registration Section
		sion of Corporations Box 6327			Division of Corporations The Centre of Tallahassee
		ahassee, 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 as	s it appears on the records of the Florida Department
2. The Florida doc	ument/registration number as	ssigned to this limited liability company is:
4. l,	-	igned or will withdraw/resign is: , hereby withdraw/resign as a
Manager	(Print Title)	
resignation in w	ibility company and affirm the	ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	