

h21 000 275326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

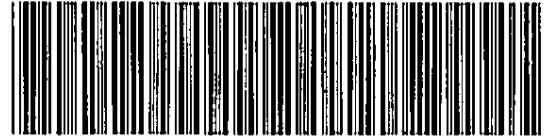
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500389913245

01/20/20--01/11--027 • 425.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 27 AM 10:25

FILED

SEP 20 2022

S. PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vinicius Coelho Seviles 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:

Vinicius Coelho

\_\_\_\_\_  
(Contact Person)

Vinicius Coelho Seviles LLC

\_\_\_\_\_  
(Firm/Company)

8784 NW 19th ST

\_\_\_\_\_  
(Address)

Coral Springs, FL 33071

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Vinicius Coelho

\_\_\_\_\_  
(Name of Contact Person)

at ( 203 ) 2908882

\_\_\_\_\_  
(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: Vinicius Coelho Seviles LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L21000275326
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/01/2022
4. I, Alexander A. Silva, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(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)

2022 JUN 27 AM 10  
FALL ANNASSEE, FLO

-1150