121000195541

(Req	uestor's Name)	<u></u>		
(Address)				
(Address)				
(City)	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
umils				

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11/26/24--01028--017 **55.00

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: ACHE MI YEMAYA LLC (Name of Limi	ted Liability Co	ompany)
The er	nclosed member, resignation or dissocia	ation and fee((s) are submitted for filing.
Please	return all correspondence concerning	this matter to	:
YENIL	EIDY'S JUSTIZ (Contact Person)		
ACHE	MI YEMAYA LLC		
	(Firm/Company)		
5338 T	ROUBLE CREEK RD (Address)		_
NEW P	PORT RICHEY, FL 34652 (City/State and Zip Code)		_
For fu	rther information concerning this matte	er, please call	;
YENIL	EIDYS JUSTIZ	at (<u>727</u>	
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: ng 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

CR2E079 (2/14)



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 a	is it appears on the records of the Flor	ida Department
of State is: ACHE	MI YEMAYA LLC		76
2. The Florida docu	ment/registration number a	assigned to this limited liability compa	•
L21000295541			25 P
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resign is: 11/1	3/2024 2
4. I, ARIEL SERRANG	O SUAREZ ume of Person Resigning)	, hereby withdraw/resign as a	22
	VP Print Title)		
	oility company and affirm the	he limited liability company has been	notified of my
a.l			
Signature of Dis	ssociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		