## 121000306112

(Requesto	or's Name)		
(Address)			
(Address)			
(City/State	e/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business	s Entity Name)		
(Docume	nt Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

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## **COVER LETTER**

Division of Corporations	
SUBJECT: INVERSIONES WL LLC	
	mited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
WILSON LEON LESMES	
(Contact Person)	
(Firm/Company)	<del></del>
5726 TUSCANY TER	
(Address)	
TAMARAC FLORIDA 33321	
(City/State and Zip Code)	<del></del>
For further information concerning this mat	ter, please call;
WILSON LEON LESMES	954 470-0046 at ()
(Name of Contact Person)	(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	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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)

	limited liability company a	as it appears on the records of	the Florida Department
2. The Florida doc	ument/registration number a	assigned to this limited liability	y company is:
3. The date this me	:mber/manager withdrew/re	signed or will withdraw/resign	7/15/2021 n is:
4. I, YENITZA ARA	(Print Name of Person Resigning), hereby withdraw/resign as a		n as a
MANAGER	ame of rerson Resigning)		
	(Print Title)		
of this limited lia resignation in wr		he limited liability company h	nas been notified of my
Signature of Di	issociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		