## 421000311355

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>)</del> e #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Face Pacific UC  (Name of Limited Liability)	Company
(Name of Limited Liability)	Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
(Contact Person)	
Galagar Il Services UC.	
(Firm/Company)	_
2049 Island Cir	
(Address)	
Weston Fl 33320	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please ca	all:
Valeria Galavis ai 186	<u>, 4514784</u>
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	<del>-</del>
<b>'</b> \$25 Filing Fee	ling Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
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Tallahassee, FL 32303



SECRETARY OF STATE TALLAHASSEE

## 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: FACE PACIFIC LLC
2. The Florida document/registration number assigned to this limited liability company is:  1.21000311355
3. The date this member/manager withdrew/resigned or will withdraw/resign is: X June 30, 2022 4. I, CARLOS VAITMAN  (Print Name of Person Resigning)  MANAGER AND MEMBER
(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