LZ1000313396

| (Re | equestor's Name) | _ |
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| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | #) |
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| PICK-UP | ■ WAIT | MAIL |
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| (Bu | isiness Entity Nam | e) |
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| (Do | ocument Number) | |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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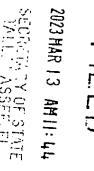
Office Use Only



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COVER LETTER

| TO: | Registration Section | | |
|----------|--------------------------------------|----------------------|--|
| | Division of Corporations | | |
| SUBJ | ECT: Amigos Construction Supplies L1 | _C | |
| | (Name of I | Limited Liability Co | ompany) |
| The er | nclosed member, resignation or diss | ociation and fee | (s) are submitted for filing. |
| Please | return all correspondence concerni | ng this matter to | o: |
| Gerson | Almendarez | | |
| | (Contact Person) | <u> </u> | _ |
| Dinasty | Business Management Corp | | |
| | (Firm/Company) | | <u> </u> |
| 1449 S | W Oriole Ln | | |
| | (Address) | | _ |
| Port Sai | int Lucie, FL 34953 | | |
| | (City/State and Zip Code) | · · · · | _ |
| For fur | rther information concerning this m | atter, please call | : |
| Gerson | Almendarez | 772 at (| 224-1665 |
| | (Name of Contact Person) | | e & Daytime Telephone Number) |
| Enclos | sed please find a check made payabl | e to the Florida | Department of State for: |
| | Filing Fee | | ng Fee & Certified Copy |
| | Mailing Address: | | Street Address: |
| | Registration Section | | Registration Section |
| | Division of Corporations | | Division of Corporations |
| | P.O. Box 6327 | | The Centre of Tallahassee |
| | Tallahassee, 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 record | s of the Florida | Depa | rtment |
|--|--|-----------------------------|--------------------------|--------------|--------|
| of State is: Amig | os Construction Supplies LLC | | | | , |
| 2. The Florida doc L21000313396 | ument/registration number as | ssigned to this limited lia | ability company | is: | |
| 3. The date this me | ember/manager withdrew/res | igned or will withdraw/r | esign is: | 022 | |
| Gerson S Almen | | | | | |
| Member/Manage | T | | | | |
| | (Print Title) | | | | |
| of this limited lia resignation in wr | bility company and affirm th | e limited liability compa | ny has been not | tified | ofmy |
| | issociating Member or Resig | ning Manager | 161 E. 184 161 E. 184 | 2023 MAR 3 | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | ASSEE, FL | 17:11 WW | ED |