

L21000321019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

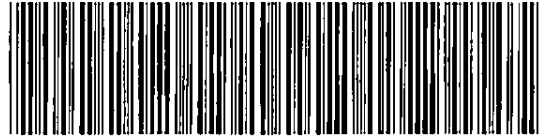
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/06/24--01008--008 \*\*25.00

STATE OF FLORIDA  
5 PM 4:17

K. HUNT  
08/06/24

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

LANAMZ LLC

**SUBJECT:** \_\_\_\_\_  
(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:

ALEJANDRO CARNICERO

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

LANAMZ LLC

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

3890 Davie Rd, Suite 108

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

Davie FL 33314

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

For further information concerning this matter, please call:

ALEJANDRO 954 3688670

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

2007 JUN 5 PM 4:17  
FL STATE  
CORP. FL



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  
LANAMZ LLC  
of State is: \_\_\_\_\_

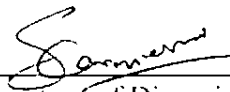
2. The Florida document/registration number assigned to this limited liability company is:  
121000321014  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/1/2024  
SANTIAGO CARNICERO

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER

\_\_\_\_\_  
*(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)

STATE  
OFFICE, FL  
5 PM 4: 17