# 121000325681

(Requestor's Name)		
(Address)		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
<u> </u>		
(Document Number)		
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SECRETARY OF STATE

#### **COVER LETTER**

TO:	O: Registration Section Division of Corporations	
SUBJ	ECT: Sepulveda Services U (Name of Limited Liability C	Company)
The er	iclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please	return all correspondence concerning this matter to	o:
В	Mant Repulveda (Contact Person)	
	(Contact Person)	<del></del>
	(Firm/Company)	
	(Address)	
<u> </u>	orth Miam. Beach FL 3310 (City/State and Zip Code)	<u>î</u> z
For fu	rther information concerning this matter, please cal	11:
<u> </u>	(Name of Contact Person) at (954) (Area Co	<u>) 240・2899</u> de & Daytime Telephone Number)
	sed please find a check made payable to the Florida Filing Fee	n Department of State for: ing 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)



### FILED

#### 2021 JUL 29 PM 12: 39

SECRETARY OF STATE TALLAHASSEE, FLORE

## 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:	Sepulveda Services LC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L 2101	00325681
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 7-19-71
4.1, <u>Bya</u> (Print N	which sepulveds, hereby withdraw/resign as a dame of Person Resigning)
AME	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Bu	your LipMan issociating Member or Resigning Manager
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)