L21000 402336

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COVER LETTER

TO: Regi	istration Section		•
_	sion of Corporations		
SUBJECT:			
	(Name of I	Limited Liability Co.	mpany)
The enclose	ed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please retur	n all correspondence concerni	ng this matter to:	
LUCAS CRI	SCOLA		
	(Contact Person)		_
DIBART & C	COLLC		
	(Firm/Company)		
1626 WINTE	RBERRY LN		
	(Address)	· · · · · · · · · · · · · · · · · · ·	_
WESTON, FI	_ 33327		
	(City/State and Zip Code)		_
For further	information concerning this m	natter, please call:	
Juan M. Garc	ia	954 at (498 4390
1)	Name of Contact Person)		& Daytime Telephone Number)
Enclosed pl	ease find a check made payab	le to the Florida l	Department of State for:
■ \$25 Filir	, ,	_	g Fee & Certified Copy
Mail	ing Address:		Street Address:
	istration Section		Registration Section
	ision of Corporations		Division of Corporations
	. Box 6327		The Centre of Tallahassee
Tall	ahassee, FL 32314		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)

1. The name of the of State is:		it appears on the records of the Florida Department
2. The Florida docu L21000402336	ment/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 12/30/2021
4. I, LUCIANO CRIS (Print N MANAGER	COLA ame of Person Resigning)	, hereby withdraw/resign as a
		ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
_	\$25.00 (Required) \$30.00 (Optional)	POZI DEC 28 MIL