121 000 405951

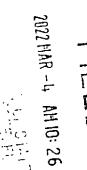
| (Re | equestor's Name) |) | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phon | ne #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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| <u> </u> | | | | |

Office Use Only



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C. BRUMBLEY

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| ARCA HOME LLC SUBJECT: | |
| (Name of Limited Liab | ility Company) |
| The enclosed member, resignation or dissociation as | nd fee(s) are submitted for filing. |
| Please return all correspondence concerning this ma | tter to: |
| JOSE LUIS DIEGO FERNANDEZ WIECHERS | |
| (Contact Person) | |
| ARCA WORLD WIDE, INC. | |
| (Firm/Company) | |
| 65 NW 24TH ST., SUITE 105 | |
| (Address) | |
| MIAMI, FLORIDA 33127 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, plea | se call: |
| JOSE LUIS DIEGO FERNANDEZ WEICHERS 78 at (| 6 633-5931 |
| | ea Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the F ■ \$25 Filing Fee □ \$5 | lorida Department of State for: 5 Filing Fee & Certified Copy |
| Mailing Address: | Street Address: |
| Registration Section Division of Corporations | Registration Section 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)

| 1. The name of th of State is: ARC | e limited liability company as CA HOME LLC | s it appears on the records of | of the Florida Department |
|---------------------------------------|---|--------------------------------|---------------------------|
| 2. The Florida doc | cument/registration number a | ssigned to this limited liab | ility company is: |
| 3. The date this m | ember/manager withdrew/res | signed or will withdraw/res | sign is: |
| PABLO HERE | DIA GONZALEZ | haraby withdenwire | cian ac a |
| (Print | Name of Person Resigning) | , nercoy wididiawires | sign as a |
| MANAGER | | | |
| | (Print Title) | | |
| of this limited lia | ability company and affirm the | ne limited liability compan | y has been notified of my |
| Signature of D | issociating Member or Resig | ning Manager | 2022 HA |
| Filing Fee: | \$25.00 (Required) | | 70 11 |
| Certified Copy: | • | | LED 4 MID:2 5SEEPHI |