

K21 000429737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

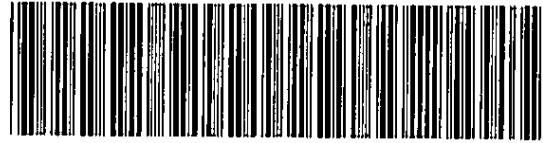
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROPIC BIRD REALTY LLC.
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

IUAN SAKKAL
Contact Person

TROPIC BIRD REALTY
Firm/Company

148 ROCK CREEK LN
Address

SCARSDALE, NY, 10583
City, State and Zip Code

~~NAHUEL~~ NAHUEL195@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IUAN SAKKAL at (914) 874 6236
Name of Contact Person Area Code Daytime Telephone Number

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



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: TROPIC BIRD REALTY LLC

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

L21000429737

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/21

4. I, ANA AMATRIAIN, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR.
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Ana Amatriain
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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