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COVER LETTER

1.

TO;	Registration Section Division of Corporations	73								
SUBJI	ECT: TROPIC BIRT			LLC.						
	Name of Limited Liability Company									
The en	nclosed Statement of Revocation of Dissolution for tited for filing.	or Florida Limite	ed Liability	Company and fee(s) are						
Please	return all correspondence concerning this matter	to:								
I	Contact Person		_							
	20 PIC BIRD RE									
14	18 ROCK CREEK Address	LN	-							
<u>S</u>	CARS DALE JUY 1	€53	-							
∕67€ E-i	NAHUEL19566NP mail address: (to be used for future annual report	notification)								
	ther information concerning this matter, please converted by SAKKAL and Name of Contact Person) 87 Davtime	4 6236 Telenhone Number						
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Division of	Idress: on Section of Corporations re of Tallahassee						

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314



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 o	ompany as it ap	pears on the	records of the Flo	orida Depa	ırtmeni
of State is:		TROPIC	BIRD	REALTY	LL	<u> </u>
2. The Florida docu	ument/registration	number assigne	d to this lin	nited liability com	pany is:	
3. The date this me	ember/manager wi	thdrew/resigned	or will with	ndraw/resign is: 🗾	10/1/21	<u></u>
4. I, <u>ANA</u> (Print N	ame of Person Resign	RIAIN,	hereby wit	hdraw/resign as a		
AMB	R. (Print Title)					
of this limited liab resignation in wri	bility company an iting.	d affirm the limi	ted liability	company has been	n notified	of my
	matria			<u></u> :	20.	
Signature of Dis	sso ciating Membe	r or Resigning N	Manager		ZFEB	7
Filing Fee: Certified Copy:	\$25.00 (Requires)	red)			11.	 64.
ocianica Copy.	#30.00 (Option	aaı)			05:111 _{th}	