

L210004728SS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

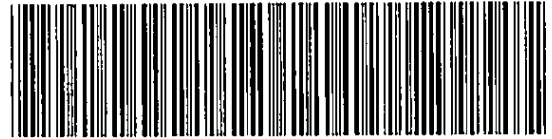
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OFFICE OF CORPORATIONS  
2023 MAY 19 AM 11:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERICAN SKILLS CLUB, L.L.C.  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KENNEDY J CANCELADO PACHECO

\_\_\_\_\_  
(Contact Person)

AMERICAN SKILLS CLUB, L.L.C.

\_\_\_\_\_  
(Firm/Company)

11869 SW 98TH TERRACE

\_\_\_\_\_  
(Address)

MIAMI, FL 33186

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

KENNEDY J CANCELADO PACHECO

\_\_\_\_\_  
(Name of Contact Person)

at ( 786 ) 316-3156

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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



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: AMERICAN SKILLS CLUB, L.L.C.

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

L21000472855

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/12/2023

4. I, ORIO L JUST LINARES, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

MGR, AMBR

*(Print Title)*

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 MAY 19 AM 11:00