121000 479969

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
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DEC 2 0 2021

COVER LETTER

TO: Regi	stration Section		
Divis	sion of Corporations		
SUBJECT:	STEF CAPITAL LLC		
	(Name of	Limited Liability Co	ompany)
The enclosed	d member, resignation or dis	sociation and fee((s) are submitted for filing.
Please return	all correspondence concern	ing this matter to	:
Mauricio Togi	nelli		
	(Contact Person)		_
STEF CAPITA	AL LLC		
	(Firm/Company)		_
13485 Veterar	r's Way. Suite 430		
	(Address)		_
Orlando, Fl. 3	2827		
	(City/State and Zip Code)		
For further i	nformation concerning this n	natter, please call	:
Mauricio Togr	nelli	407 at (883-1742
<u>(N</u>	Jame of Contact Person)		e & Daytime Telephone Number)
	ease find a check made payab		-
■ \$25 Filin	g Fee	☐ \$55 Filin	ng Fee & Certified Copy
	ng Address:		Street Address:
	stration Section		Registration Section
	sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
	thassee, FL 32314		2415 N. Monroe Street, Suite 810
rana	шаже, г Б ЭДЭТТ		Tallahassee, FL 32303



FILED 2021 DEC -6 PM 3: 56

SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE LAMASSEE, FL. DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida doc L21000479969	ument/registration number a	ssigned to this limited liability company is:
A levandre Ehibs	ra	igned or will withdraw/resign is: December 01, 2021
4. I, (D.: 1)	(D D : :)	, hereby withdraw/resign as a
AMBR	·	
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signatur e of D	Ssociating Member or Resig	ning Manager
_	\$25.00 (Required)	