L21000530894

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Decision Francisco |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer. |
| Special instructions to Filing Officer. |
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Office Use Only



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2024 SEP -3 AM 9: 03



COVER LETTER

| TO: Registration Section | | | | | | |
|---|----------------|-----------|---|---|----------------------|------|
| Division of Corporations | | | | | | |
| SUBJECT: Quadro N601 LLC | | | | | | |
| (Name | of Limited Lia | bility Co | mpany) | | | |
| The enclosed member, resignation or d | issociation a | and fee(| s) are submitted for filing. | | | |
| Please return all correspondence conce | rning this m | atter to: | | | | |
| Milena Figueroa | | | | | | |
| (Contact Person) | | | _ | | | |
| Quadro N601 LLC | | | | | | |
| (Firm/Company) | | | | | | |
| 6670 NW 104 Path | | | | | | |
| (Address) | | | | 1. | 202 | |
| Medley, Fl 33178 | | | | ÄLL | 13S h | |
| (City/State and Zip Code | , | | _ | | , | - em |
| For further information concerning this | s matter, ple | ase call | : | ASSE | 2024 SEP -3 AM 9: 03 | |
| Milena Figueroa | at (| 954 | 806 7980 | 四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四 | 9.0 | * |
| (Name of Contact Person) | | rea Cod | e & Daytime Telephone Numl | ber) | ယ | |
| Enclosed please find a check made pay | able to the | Florida | Department of State for: | | | |
| ■ \$25 Filing Fee | | | g Fee & Certified Copy | | | |
| N | | | 644 Addus | | | |
| Mailing Address: Registration Section | | | Street Address: Registration Section | | | |
| Division of Corporations | | | Division of Corporations | | | |
| P.O. Box 6327 | | | The Centre of Tallahassee | 2 | | |
| Tallahassee, FL 32314 | | | 2415 N. Monroe Street, S | uite 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)

| · · | assigned to this limited liability company is: |
|---|--|
| .21000530894 | |
| he date this member/manager withdrew/re | esigned or will withdraw/resign is: |
| Odalys Tapia Dennis | esigned or will withdraw/resign is: |
| (Print Name of Person Resigning) | |
| Member/Manager | |
| (Print Title) | SET 💃 |
| this limited liability company and affirm: | وم به به the limited liability company has been notified of my |
| signation in writing. | F ± 33 |
| this limited liability company and affirm signation in writing. | the limited liability company has been notified of By |

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)