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(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations

SOLEDDNA LLC

SUBJECT: ____

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(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:

Arian Cruz

(Contact Person)

(Firm/Company)

2400 NW 92ND AVE

(Address)

DORAL, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

Arian Cruz

(Name of Contact Person)

at (_____) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee Scertified Copy

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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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: ______
- The Florida document/registration number assigned to this limited liability company is: L22000018340
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: ______
- 4. I, <u>Arian Cruz</u>, hereby withdraw/resign as a (Print Name of Person Resigning)

MGR

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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