(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
OCT 18 2022			
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Office Use Only



### Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

#### **ORDER FORM**

TO! Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Me

Melissa Moreau

mmoreau@incserv.com

850.656.7953

**REQUEST DATE** 10/17/2022

PRIORITY R

Regular Approval

OUR REF #\_(Order ID#) 1077190

ORDER ENTITY

PARETO FRONTIER CAPITAL HOLDINGS LLC

## PLEASE PERFORM THE FOLLOWING SERVICES: PARETO FRONTIER CAPITAL HOLDINGS LLC (FL)

File the attached document

NOTES	·	
#3C 00	ALL	

\$25.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, October 17, 2022 Page 1 of 1

#### **COVER LETTER**

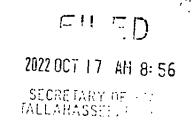
TO: Registration Section **Division of Corporations** PARETO FRONTIER CAPITAL HOLDINGS LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: RORIGO BENZAQUEN (Contact Person) OFFIXSOLUTIONS (Firm/Company) 7950 NW 53rd ST. SUITE 337 (Address) MIAMI, FL 33166 (City/State and Zip Code) For further information concerning this matter, please call: \_at (\_\_\_\_\_) 911 2306 4542 (Area Code & Daytime Telephone Number) RODRIGO BENZAQUEN (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre 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)

	e limited liability company as it a	ppears on the records of the Florida Department
2. The Florida doc:	ument/registration number assign	ned to this limited liability company is:
RUDRICO REV	ZAOHEN	d or will withdraw/resign is: 05/23/2022
4. 1. RODRIGO BENZAQUEN  (Print Name of Person Resigning)		, hereby withdraw/resign as a
MANAGER	tant of reson tesigning)	
	(Print Title)	
of this limited lia resignation in wr		nited liability company has been notified of my
Rot 3		
Signature of D	issociating Member or Resigning	Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	