## 122000056791

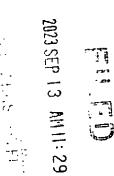
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

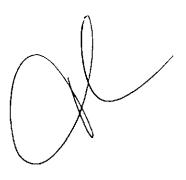
Office Use Only



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## COVER LETTER .

Division of Corporations					
SUBJECT:					
	(Name of Limited Liability Company)				
The enclosed member, resignation	or dissociation and fed	e(s) are submitted fo	or filing.		
Please return all correspondence c	oncerning this matter to	o:			
IRVING PEREZ VARGAS					
(Contact Persor	1)				
CEDERET LLC					
(Firm/Company	y)	<u> </u>			
6901 CYPRESS, SUITE C12			2023 SEP 13 AH 11: 29		
(Address)			SEP		
PLANTATION, FL 33317			SEP 13 AH		
(City/State and Zip	Code)		三		
For further information concerning	g this matter, please cal	1:			
IRVING PEREZ VARGAS	954 at (	235-8831			
(Name of Contact Person)		de & Daytime Teleph	ione Number)		
Enclosed please find a check made   \$25 Filing Fee		Department of Stating Fee & Certified			
Mailing Address: Registration Section		Street Address: Registration Sect			
Division of Corporations P.O. Box 6327		Division of Corp The Centre of Ta			
Tallahassee, FL 32314		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)

	e limited liability company as	• •	ds of the Florida I	Depart	ment
	ument/registration number a		iability company	2023_SEP 1.	3 - 227
4. I,	ember/manager withdrew/res		resign is: MGR /resign as a 王子	2023 SEP 13 AM 11: 29	ا قا ن
of this limited lia	(Print Title) ability company and affirm the	he limited liability comp	any has been noti	ified o	f my
_ QUAN QOS	SCICECT DATA issociating Member or Resig	gning Manager			
_	\$25.00 (Required) \$30.00 (Optional)				