

W22000092892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

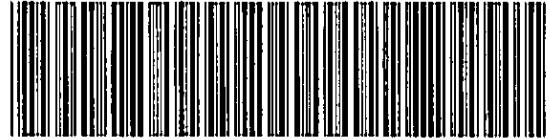
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100398135961

12/05/22--11:22--00--43813

FILED  
2022 DEC -5 PM 4:22  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PPM75 INVESTMENTS 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:

PEDRO PABLO MARQUEZ CASTRO  
\_\_\_\_\_  
(Contact Person)

PEDRO PABLO MARQUEZ CASTRO  
\_\_\_\_\_  
(Firm/Company)

10258 LAKE DISTRICT LANE  
\_\_\_\_\_  
(Address)

ORLANDO FL 32832  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

PEDRO PABLO MARQUEZ CASTRO      407      5699775  
\_\_\_\_\_  
(Name of Contact Person)      at (      )      (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee      ☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2022 DEC -5 PM 4:22  
CLERK OF STATE  
TALLAHASSEE, FL

**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: PPM75 INVESTMENTS LLC
2. The Florida document/registration number assigned to this limited liability company is:  
1.22000082892
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/2022
4. I, ALMARY SANDIA CANCHICA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AMBR  
*(Print Title)*

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

*Alandia*

Signature of Dissociating Member or Resigning Manager

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