LZZ 000118167

		·
(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
	ity/State/Zip/Phone	 e:#)
(5.	.,,	- ·· ,
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
·	•	
Cartified Contac	Cartificates	a of Chahar
Certified Copies	_ Certificates	s or status
Special Instructions to	Filing Officer:	
]
		[
1		
į		
<u></u>		

Office Use Only



700387875067

05/19/22--01002--023 **25.00

1077 HAY 19 AM 10: 24 SECRE JARY OF STATE

COVER LETTER

Division of Corporations		
LR 78 LLC SUBJECT:		
	Limited Liability (Company)
The enclosed member, resignation or disse	ociation and fe	c(s) are submitted for filing.
Please return all correspondence concernie	ng this matter t	o:
LUIS ALFONSO MARIN CUADRADO		
(Contact Person)		
SAXUM INTERNATIONAL LLC		
(Firm/Company)	 	
1015 SW 13 STREET		
(Address)		
MIAMI, FL 33129		
(City/State and Zip Code)		
For further information concerning this m	atter, please ca	11:
BARBARA BESU	646 at (275-0133
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payabl \$\infty\$ \$25 Filing Fee		a Department of State for: ing Fee & Certified Copy
7,	_ 001	g. vo as common 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

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

2022 MAY 19 AM 10: 24 SECRETARY OF STATE TALLAHASSEE, FL

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department
2. The Florida doct	ument/registration number assigned to this limited liability company is:
CUDICTOBLE	mber/manager withdrew/resigned or will withdraw/resign is: May 9, 2022 DIFALCO, hereby withdraw/resign as a ame of Person Resigning)
Manager of DF M	
of this limited lia resignation in wr	pility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)