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2022 JUN -6 PM 12:

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Soler mart 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:	
Martin Concepcion (Contact Person)	
(Fim/Company)  1336 NW 5 <sup>th</sup> N  (Address)	
Miam, Fl 33187 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Mortin Concepcion at (786) 566 2747  (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum \\$25 \text{ Filing Fee} \\$\sum \\$55 \text{ 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



## FILED 2022 JUN -6 PM 12: 58 SEUNCIARY UP STATE TALLAHASSEE, FL

### 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:	Sofermant LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
Lna	00 144 356
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 06\03\22
4. I, AR JUNG	ame of Person Resigning), hereby withdraw/resign as a
Me	•
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Herropo	slert
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)