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| (Requestor's Name)                      |
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## CORPORATE ACCESS, \_

#### When you need ACCESS to the world



INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### **WALK IN**

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| _  | YBELLA GROUP LLC CORPORATE NAME AND DOCUMENT | T' #\        |  |
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#### **COVER LETTER**

Registration Section **Division of Corporations** YBELLA GROUP LLC SUBJECT: (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: Alejandro I. Velez, Esq. (Contact Person) VIA Lawyers (Firm/Company) 8200 NW 41ST STREET STE 318 (Address) MIAMI, FL 33166 (City/State and Zip Code) For further information concerning this matter, please call: Alejandro I. Velez, Esq. (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 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 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:



# FILED 2023 SEP 19 AM 9: 14 TALLAHASSEE, FLORIDA

### 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 appears on the records of the Florida Department       |  |
|--|--|--|
|  | rument/registration number assigned to this limited liability company is:                |  |
|  | ember/manager withdrew/resigned or will withdraw/resign is:                              |  |
| 4. I. CAMILA ARTI  | AMILA ARTECHE hereby withdraw/resign as a (Print Name of Person Resigning)               |  |
| MEMBER   |  |  |
|  | (Print Title)  |  |
| of this limited lia<br>resignation in w  | ibility company and affirm the limited liability company has been notified of my riting. |  |
|  |  |  |
| Signature of D   | issociating Member or Resigning Manager  |  |
| Filing Fee:  | \$25.00 (Required)   |  |
| and the same of th | \$30.00 (Ontional)   |  |