

L22000222082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

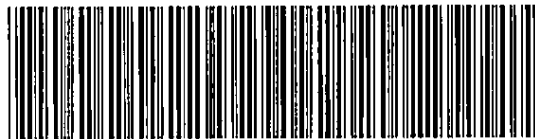
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03/03/23--01007--025 \*\*55.00

2023 MAR -3 PM 5:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Terra do Sol, 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:

Ana Valle Ulloa

(Contact Person)

Terra do Sol, LLC

(Firm Company)

200 Atlantic Ave

(Address)

Sunny Isles Fl 33160

(City, State and Zip Code)

For further information concerning this matter, please call:

Ana Valle Ulloa

786

643-1992

at ( )

(Name of Contact Person)

(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



2023 MAR -3 PM 5:01

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: TERRA DO SOL, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
122000222082

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/27/2023

4. I, BRENDA PORTALES, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MANAGER  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

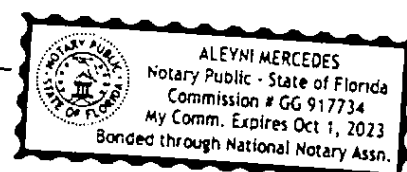
Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

STATE OF FLORIDA  
COUNTY OF Dade  
The foregoing instrument was acknowledged  
before me this 27 day of Feb., 2023  
by Brenda Portales

Aleyni Mercedes, Notary Public

Personally known

or Produced ID



CR2E079 (2/14)