422000 a 30 556

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COVER LETTER

TO:	Registration Section Division of Corporations			
CLIDI	CASBAL LLC			
SUBJ	(Name of Limited Liability C	Company)	_	
The er	iclosed member, resignation or dissociation and fe	e(s) are submitted for filing.		
Please	return all correspondence concerning this matter t	(0)		
LOURI	DES CASILLAS			
	(Contact Person)			
			22	:
	(Firm/Company)		22 AUG 17	Vicinitia v
2145 N	E 164 ST APT 730		17 {	:
	(Address)		PH 2	
NORTE	I MIAMI BEACH, 33162		2: 21	
	(City/State and Zip Code)			
For fu	ther information concerning this matter, please ca	п:		
LOURI	DES CASILLAS 786	2298906		
		de & Daytime Telephone Number)	_	
	ed please find a check made payable to the Florida Filing Fee S55 Fil-	a Department of State for: ing 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 Tallahassee, FL 32303	810	

CR2E079 (2/14)



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
2. The Florida doc L22000230556	cument/registration number as.	signed to this limited liability company	/ is:
CONTALOCA	DDANIZA DALADEZO	igned or will withdraw/resign is: 5/18/20)22
MGR		e limited liability company has been no	22 AUG my
of this limited hi resignation in w		e limited liability company has been no	titleer 7 PH 2:
Signature of D	Dissociating Member or Resign	ning Manager	2 light
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)