L22000250028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
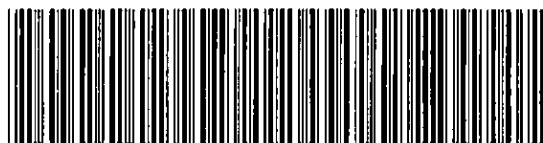
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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08/22/23--01019--019 **25.00

2023 AUG 22 AM 9:2̈

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

   Tedrello Management LLC

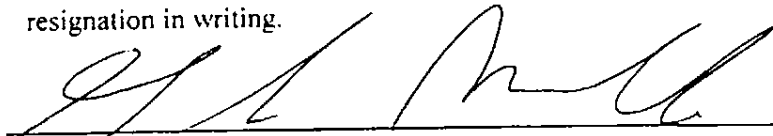   of State is: _____.

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

   L22000250028

   _____.   7/20/2023

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

   Giancarlo S. Maurello

4. I, _____, hereby withdraw/resign as a

   (Print Name of Person Resigning)

   Member

   _____.

   (Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ___Tedrello Management 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:

Gabriele Maurello

_____
(Contact Person)

Tedrello Management LLC

_____
(Firm/Company)

8532 66th road

_____
(Address)

REGO PARK NY 11374

_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriele Maurello   917   9630111

_____ 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

CR2E079 (2/14)