## L22000282606

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | diess)             |           |
| (Ad                     | dress)             |           |
| (Cit                    | ty/State/Zip/Phone | · #)      |
|                         |                    |           |
|                         | siness Entity Nam  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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|                         | Office Use Onl     |           |

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A. RIVERS APR 3 0 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations

MEGALABS USA, 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:

FABIAN RIVERO

(Contact Person)

MEGALABS USA, LLC

(Firm/Company)

4918 S.W. 74th Court

(Address)

Miami, Florida 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

 Nidia Mendez
 at (
 663-2129, ext. 128

 (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 Certified Copy

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

1. The name of the limited liability company as it appears on the records of the Florida Department MEGALABS USA, LLC of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is: 1.22000282606

3. The date this member/manager withdrew/resigned or will withdraw/resign is: February 15, 2023

Carlos Fernandez 4. **I.** 

*(Print Name of Person Resigning)*, hereby withdraw/resign as a

Authorized Member and Manager

(Print Title)

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

1 1

Col. Jonaly Signature of Dissociating Member or Resigning Manager

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