

L22000285418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

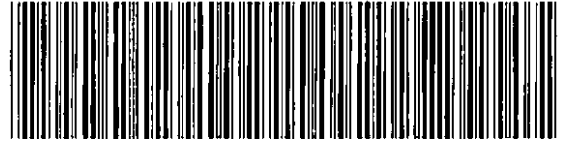
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100416185201

09/25/23--01021--011 **25.00

FILED
2023 SEP 25 AM 8:29
SOUTH DAKOTA
CLERK OF COURT

Association

OCT 18 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE NEW GOLDEN ISLAND 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:

CARLOS ALBERTO NAVARRO

(Contact Person)

THE NEW GOLDEN ISLAND LLC

(Firm/Company)

22400 SW 125TH AVE

(Address)

MIAMI FL 33170

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS A NAVARRO

(Name of Contact Person)

at (786) 873-1024

(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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 25 AM 8:29

FILED



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: THE NEW GOLDEN ISLAND LLC

2. The Florida document/registration number assigned to this limited liability company is:
L22000285418

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/20/2023

4. I, ODALYS MESA, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR

(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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

SECRETARY OF
STATE

2024 SEP 25 AM 8:29

FILED