L22000311886

(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:
ŗ
, and the second

Office Use Only



900419637799

11/30/23--01014--004 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cand A Sports (Name of Limited Liability	Masters, LLC y Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to:
Christian Cuadra	
A and C POWER House (Firm/Company)	Baseball Facility
7245 nw 25th St	
miami, FL 33122 (City/State and Zip Code)	
For further information concerning this matter, please	call:
Christian Cuadra at (30) (Name of Contact Person) (Area (5, 484-8604 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori ☐ \$25 Filing Fee ☐ \$55 F	ida Department of State for: Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Tallahassee, FL 32314

P.O. Box 6327



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 of State is:	limited liability company as it appears on the records of the Florida Department and A Sports Masters, LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
92-1	0442-790
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 09 19 2023
4. I. Ariar	Abylut, hereby withdraw/resign as a ame of Person Resigning)
_mer	Mber Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my
f-	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

CR2E079 (2/14)

