L22000315483

(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



800435080528

08/21/24--01011--015 **25.00

PRIMARY OF SIME

COVER LETTER

	Registration Section Division of Corporations	
SUBJE	ASESORIA Y SERVICIOS MIGRAT	ORIOS LLC
	(Name of Limit	ted Liability Company)
The encl	losed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning t	his matter to:
YUNIEL	LIMA SANTOS	
	(Contact Person)	
ASESOR	RIA Y SERVICIOS MIGRATORIOS LLC	
	(Firm/Company)	
8910 N E	DALEMABRY HWY SUITE 8	
	(Address)	
TAMPA	FLORIDA 33614	
	(City/State and Zip Code)	
For furtl	her information concerning this matte	r, please call:
YUNIEL.	LIMA SANTOS	956 4319909 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	d please find a check made payable to Filing Fee	o the Florida Department of State for: \$55 Filing Fee & Certified Copy
	Mailing Address:	Street Address:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
٦	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303



FILED

2024 AUG 21 AM 11: 58

TALLAHASSEE, FLORIDA

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)

	limited liability company as it appears on the records of the Florida Department SORIA Y SERVICIOS MIGRATORIOS LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this mo	mber/manager withdrew/resigned or will withdraw/resign is:
Liannys Vega Pe	
MGR	
	(Prini Tule)
resignation in w	92
Signature of D	sociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)