122000326416

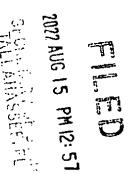
(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	π e)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<u> </u>	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Gustavo Petertour & Service Legal	Asociados LLC
(Name of Li	mited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Carola Olses	
(Contact Person)	
Cales W LLC	
(Firm/Company)	
21040 NE 2nd CT	
(Address)	
Miami F1 33179	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Carula Olses	786 5699706
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t ■ \$25 Filing Fee	o the Florida Department of State for: ☐ \$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





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	e limited liability company as it appears on the records of the Florida Department
	STAVO PETERTOUR & SERVICE LEGAL ASOCIADOS LLC
2. The Florida doc L22000326416	cument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Carola Olses	, hereby withdraw/resign as a warme of Person Resigning)
Member/Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of oriting.
Signature of Di	ssociating Meniber or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)