L22000329518

(Requestor's Name)			
(Address)		
(Address)		
(,		
(0): 10)	7: (5)		
(City/Stat	e/Zip/Phone #)		
PICK-UP] WAIT	MAIL	
(Busines:	Entity Name)		
(505)1105	charty realities		
(Docume	nt Number)		
Certified Copies	Certificates of Sta	tus	
Special Instructions to Filing	Officer:		
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	PERSONALIZED INTERNATIONAL CARG	GO 2018 LEC
	(Name of Limited Liab	ility Company)
The e	nclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please	e return all correspondence concerning this ma	itter to:
Carola	Olses	
	(Contact Person)	
Cales 5	W LLC	2003 DEC 22 PM 3: 18 SECRETARY UP STATE TAIL ARRESTS SEE FL
	(Firm/Company)	TEC :
1025 E	Hallandale Beach Bly Ste 15 # 921	22 P
	(Address)	Section 2
Hallan	dale Beach Fl 33099	
	(City/State and Zip Code)	
For fu	orther information concerning this matter, plea	se call:
Carola	Olses 786	5 5699706)
		ea Code & Daytime Telephone Number)
	sed please find a check made payable to the F 5 Filing Fee □ \$5	lorida Department of State for: 5 Filing Fee & Certified Copy
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	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	e Florida Degartment.
of State is: PERS	SONALIZED INTERNATIONAL C.	ARGO 2018 LLC	THE PER ST
2. The Florida doc L220000329518	ument/registration number assi	gned to this limited liability	company is:
3. The date this mo	ember/manager withdrew/resig	ned or will withdraw/resign i	December 13, 20235
Natalia Ledezma 4. I.	1	hereby withdraw/resign	as a
(Print 8	same of Person Resigning)		
Manager			
	(Print Title)		
of this limited lia resignation in w	bility company and affirm the iting.	fimited liability company has	s been notified of my
Signature of D	issociating Member or Resigni	ng Manager	
•	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		