(Requestor's Name)
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J. HORNE
reb - 3 2023

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## COVER LETTER

Division of Corporations	
SUBJECT: BANCO DE (Name of L	VERDE LLC imited 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:
Josh Gidcumb (Contact Person)	
(Firm/Company)	<del></del>
1909 CEDAL LAKE DAVO	<u> </u>
ONLANDO, FL 32824 (City/State and Zip Code)	<del></del>
For further information concerning this ma	atter, please call:
JOSH GIPCUMB (Name of Contact Person)	at ( <u>407</u> ) <u>506 - 614/</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee	to the Florida Department of State for:  S55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

TO: Registration Section





## 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 Departme	nt
of State is: <i>B</i>	ARCO DE VERDE LLC	٠.
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
L2200	0342427	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12/19/2	2
4. I. <b>TOSH</b> (Print N	GIDCUMB, hereby withdraw/resign as a aume of Person Resigning)	
MEMBE	Print Yitle)	
of this limited lial resignation in wr	pility company and affirm the limited liability company has been notified of n	ıy
Synature of D	sociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	