422 000 345 121

(Requestor's Nar	me)
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Pi	none #)
	_
PICK-UP WAIT	MAIL
(Business Entity	Name)
(·
(Document Nurh	per)
Certified Copies Certific	ates of Status
Sanial Instructions to Siling Office	
Special Instructions to Filing Officer:	
Office Use	Only



400395494604

1 -00 22--0100:--008 ++25.00

2022 OCT -5 PH 3: 2

COVER LETTER

TO: Registration Son Division of Co		:	3
	CIA TMMIGRATION (Name of Limited Liability Comp	SERVICES any)	<u> </u>
The enclosed member	resignation or dissociation and fee(s)	are submitted for filing	ıg.
Please return all corre	spondence concerning this matter to:		
ESTEBAN G	Contact Person)	iceles	
8675 WHE	(Firm/Company) AT LN APT. 202 (Address)		
NAD/ES	iy/State and Zip Code)		
	n concerning this matter, please call:		
ESTEBAN (Name of Co	ntact Person) at (83.7) (Area Code &	45765 Daytime Telephone N	2 9 lumber)
Enclosed please find a \$\sum_\$25 Filing Fee	a check made payable to the Florida De	partment of State for: Fee & Certified Copy	
Mailing Address Registration S Division of Co P.O. Box 632' Tallahassee, F	ection Forporations IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee et, Suite 810

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 F	imited liability company as it appears on the records of the Florida Department
of State is: <u>GA</u> I	CLA TMMIGRATION SERVICES LLC
2. The Florida docur	ment/registration number assigned to this limited liability company is:
L270003	345/21
4. Let Verendra	hber/manager withdrew/resigned or will withdraw/resign is: 09/19/77 hereby withdraw/resign as a me of Person Resigning)
<u>M</u>	Print Title)
of this limited liab resignation inverit	fity company and affirm the limited liability company has been notified of my ing
Signature of Dis-	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$50.00 (Optional)
	I .