LZZ000355015

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
MAR 2 2 2023

400400657534

01/18/23--01004--029 ++25.00



Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

Carabobo Runners LLC SUBJECT:

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Carola Olses

(Contact Person)

Cales W LLC

(Firm/Company)

1025 E Hallandale Beach Blv Ste 15 # 921

(Address)

Hallandale Beach Fl 33099

(City/State and Zip Code)

For further information concerning this matter, please call:

 Carola Olses
 at (⁷⁸⁶/₍))
 5699706

 (Name of Contact Person)
 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\left\$\$ \$

Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

JAN 18 PH 2:5 DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FRÔM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(7)

(Pursuant to 605.0216, Florida Statutes)

- 1. The name of the limited liability company as it appears on the records of the Florida Department Florida of State is:
- 2. The Florida document/registration number assigned to this limited liability company is: 1.22000355015
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
- Carola Olses 4. l, _____

_____, hereby withdraw/resign as a (Print Name of Person Resigning)

Manager

(Print Title)

of this limited fiability company and affirm the limited liability company has been notified of my resignation in write

	/ WK/ /
Signature of D	issociating Member or Resigning Manager
-	
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)