L22000401714

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| bbA) | ress) | |
| (Add | ress) | |
| (City, | /State/Zip/Phone | e #) |
| PICK-UP | Mait | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |





700396924997



2022 OCT 31 PM 3: 20 SEGRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| Espazio Investments LLC SUBJECT: | |
| (Name of Limit | ted Liability Company) |
| The enclosed member, resignation or dissocia | ation and fee(s) are submitted for filing. |
| Please return all correspondence concerning t | his matter to: |
| Luca Martins | |
| (Contact Person) | |
| InvestPlus Business LLC | |
| (Firm/Company) | |
| 7901 Kingspointe Pkwy Suite 29B | |
| (Address) | |
| Orlando FL 32819 | |
| (City/State and Zip Code) | |
| For further information concerning this matter | r, please call: |
| Luca Martins | 407 300 2746 at () |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to | the Florida Department of State for: |
| ■ \$25 Filing Fee | ☐ \$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 |



2022 OCT 31 PH 3: 20
SECRETARY OF OTHER

SECRETARY OF STATE 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)

| | e limited liability company as it appears on the records of the Florida Department zio Investments LLC |
|---|--|
| | ument/registration number assigned to this limited liability company is: |
| Julia Elena Urib | ember/manager withdrew/resigned or will withdraw/resign is: September 22, 2022 e Eastman, hereby withdraw/resign as a lame of Person Resigning) |
| | (Print Title) bility company and affirm the limited liability company has been notified of my |
| resignation in wi Julia Elena U Eastma | riting. |
| Signature of D | issociating Member or Resigning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |