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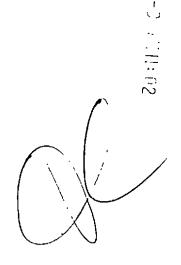
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COVER LETTER

Division of Corporations We Saved You a Seat, 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: Liana Salinas (Contact Person) We Saved You a Seat, LLC (Firm/Company) 248 SW 31 Road (-1 (Address) Miami, FL 33129 (City/State and Zip Code) For further information concerning this matter, please call: Liana Salinas (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

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 appea	rs on the records of the Florida	a Department
of State is:	aved You a Seat, LLC		
2. The Florida doc	ument/registration number assigned t	o this limited liability compan	y is:
L22000424704	·		
3. The date this me	mber/manager withdrew/resigned or	will withdraw/resign is:	/2022
r	zalez Jame of Person Resigning)		
	ame of Person Resigning)		rÖ
Manager 	· · · · · · · · · · · · · · · · · · ·		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the limited iting.	I liability company has been no	otified of my
Trances			
Signature of D	ssociating Member or Resigning Ma	nager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		