

L22000469699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

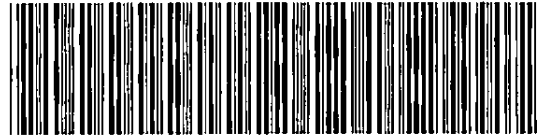
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAR 13 AM 11:50
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KoKo Days
(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: —

Neishka Rivera
(Contact Person)

KoKo Days
(Firm/Company)

3041 Faison Circle
(Address)

Della FL 32738
(City/State and Zip Code)

For further information concerning this matter, please call:

Neishka Rivera at 787, 487 4454
(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



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 Department of State is: Kokopaya LLC

2. The Florida document/registration number assigned to this limited liability company is:

L22000469699

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/1/23

4. I, Carlos De Jesús, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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2023 MAR 13 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FL