## L22000491005

(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations Soluciones Edtech VZ 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 Blvd Suite 15 (Address) Hallandale Beach, FL, 33009 (City/State and Zip Code) For further information concerning this matter, please call: Carola Olses (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 P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

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)

The name of the limited liability company as it appears on the records of the Florida Departme
of State is:
The Florida document/registration number assigned to this limited liability company is:  L22000491005
The date this member/manager withdrew/resigned or will withdraw/resign is:
I. Carola Olses  (Print Name of Person Resigning)  , hereby withdraw/resign as a
Member/Manager
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of n resignation in writing.  Signature of Dissociating Member or Resigning Manager
Signature of Dissociating Williager

\$25.00 (Required)

\$30.00 (Optional)

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Filing Fee:

Certified Copy: