L22000498279

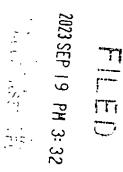
(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone #	7)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name)	
(Document Number)			
(50	ocument Number		
Certified Copies	_ Certificates o	f Status	
Special Instructions to	Filing Officer.		
L			

Office Use Only



100415882851

09/19/28--01029--020 **25.00





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Nica Oro (Name of Limited Lie	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to:
Trevor Mcknigh (Contact Person)	
Nica Oro (CC) (Firm/Company)	
881 S. Kings Hwy	
Fort Pierce FL 34. (City/State and Zip Code)	54/5
For further information concerning this matter, ple	ease call:
(Name of Contact Porson) at (772) 807 - 004 (6 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: 555 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

Tallahassee, FL 32314



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 Florid of State is: Nica Oro LLC	ia Departi	ment	
2. The Florida document/registration number assigned to this limited liability comparation of the florida document/registration number assigned to this limited liability comparation.			
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. 1, ARED MURISAND, hereby withdraw/resign as a (Print Name of Person Resigning)	[01	<u>U</u> Z	
of this limited liability company and affirm the limited liability company has been r	notified of	fmv	
resignation in writing.	.:.		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	· · · · · · · · · · · · · · · · · · ·	2023 SEP 19 PM	
••	11. 11. 11.	<u>ာ</u> သု	J