## L2200049878Z

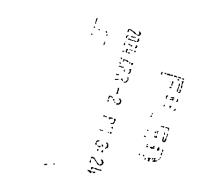
| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Lymils                                  |  |  |  |

Office Use Only



800426921478

04/02/24 -01027--011 \*\*25.00



## **COVER LETTER**

| TO: Registration Section Division of Corporations |  |
|---|--|
| TRIBU DE EMPRESARIOS LLC SUBJECT:                 |  |
| (Name of Li                                       | mited Liability Company)                                   |
| The enclosed member, resignation or dissoc        | ciation and fee(s) are submitted for filing.               |
| Please return all correspondence concerning       | g this matter to:  |
| XIOMARA ROMERO                                    |  |
| (Contact Person)                                  |  |
| (Firm/Company)                                    |  |
| 11074 NW 86TH TERR                                |  |
| (Address)   |  |
| DORAL, FL 33178                                   |  |
| (City/State and Zip Code)                         |  |
| For further information concerning this man       | tter, please call:   |
| XIOMARA ROMERO                                    | 954 6090233<br>at ()                                       |
| (Name of Contact Person)                          | (Area Code & Daytime Telephone Number)                     |
| Enclosed please find a check made payable         | •  |
| ■ S25 Filing Fee                                  | ☐ \$55 Filing Fee & Certified Copy                         |
| Mailing Address: Registration Section             | Street Address: Registration Section                       |
| Division of Corporations                          | Division of Corporations                                   |
| P.O. Box 6327<br>Tallahassee, FL 32314            | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| rananassee, fl 32314                              | 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)

| roini                               | imited liability company as it appears on the red                                    | ecords of the Florida Dep | oartment<br> |
|-------------------------------------|--|---------------------------|--------------|
| 2. The Florida docu<br>L22000498782 | ment/registration number assigned to this limit                                      | ted liability company is: |              |
| 4. I, YESENIA AYAL                  | nber/manager withdrew/resigned or will withd  A, hereby without of Person Resigning) | !                         |              |
|                                     | Print Title)  ility company and affirm the limited liability cling.                  | company has been notific  |              |
| and the second                      | Sociating Member or Resigning Manager  \$25.00 (Required) \$30.00 (Optional)         | _                         |              |