

L23000002599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

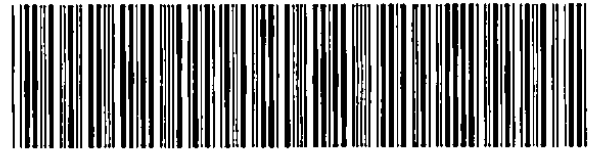
ed Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

See attached for signature

Office Use Only

A. RIVERS
FEB - 3 2023



200398250372

02/03/23--01004--001 **25.01

2023 FEB -3 AM 8:58
SECURITY DIVISION
TALLAHASSEE, FLORIDA

2023 FEB -3 AM 8:49

ALLAHASSEE

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bieria 1983
(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:

MAUREEN HUERTA
(Contact Person)

BIERIA 1983
(Firm/Company)

861 CHERRY VALLEY WAY
(Address)

ORLANDO FL 32828
(City/State and Zip Code)

For further information concerning this matter, please call:

LIZBETH HUERTA at (407) 3739437
(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

See Attached For
Signature



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: Biera 1903

2. The Florida document/registration number assigned to this limited liability company is: L23000002599

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/31/23

4. I, THOMAS BENTZ, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

2023 FEB -3 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Bima1983, LLC**
(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:

Maureen Huerta
(Contact Person)

Bima1983, LLC
(Firm/Company)

351 Cherry Valley Way
(Address)

Orlando, FL 32828
(City/State and Zip Code)

For further information concerning this matter, please call:

Maureen Huerta at (**407**) **378-9437**
(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: **Alma1983, LLC**

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

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

4. I, **Thomas Benitez Huerta**, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

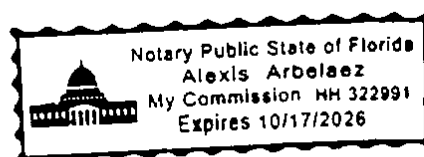
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Thomas Benitez

Signature of Dissociating Member or Resigning Manager

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

Alexis Arbelaes
Public notary signature



FILED
2023 FEB -3 AM 8:58
STATE OF FLORIDA
TALLAHASSEE