L23000026736

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COVER LETTER

Registration Section TO: **Division of Corporations** CAPYBARA FINANCE 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 Blv Ste 15 # 921 (Address) Hallandale Beach Fl 33099 (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 Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, 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)

1. The name of the	limited liability company a	s it appears on the records of the Florida Department
of State is: CAPY	BARA FINANCE LLC	
2. The Florida doct L23000020736	ument/registration number a	assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/re	signed or will withdraw/resign is: February 15, 2023
4. I, Carola Olses (Print Name of Person Resigning)		hereby withdraw/resign as a
Member/Manager		
-	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

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