## L2300002078

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone #	)		
		_		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Coples	_ Certificates of	Status		
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Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
cubi	ECOBIO INT LLC		_
SUB	JECT: (Name of Lim	nited Liability Com	pany)
The e	enclosed member, resignation or dissoc	iation and fee(s)	are submitted for filing.
Pleas	e return all correspondence concerning	this matter to:	
Carola	a Olses		
	(Contact Person)		
Cales	W LLC		•
	(Firm/Company)		-
1025	E Hallandale Beach Blv Ste 15 # 921		
	(Address)		-
Halla	andale Beach Fl 33099		
	(City/State and Zip Code)		-
For	further information concerning this ma	tter, please call:	
Caro	la Olses	786 at (	5699706
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	losed please find a check made payable 525 Filing Fee	to the Florida I	Department of State for: g 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:	HO INT LLC			
2. The Florida document/registration number assigned to this limited liability company is:				
L23000020778				
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: February 15, 2023		
Carola Olses		, hereby withdraw/resign as a		
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a		
Member/Manager				
<del></del>	(Print Title)			
of this limited lia resignation in wr		e limited liability company has been notified of my		
Signature of D	issociating Member or Resig	ning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			