L23000027329

| (Requestor's Name) | | | |
|-----------------------------------------|--|--|--|
| (Address) | | | |
| (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: | | | |
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Office Use Only



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SECRETARY OF STATE OF SECOND

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| ; . CO' | VER LETTER |
| TO: Registration Section Division of Corporations | # · · |
| SUBJECT: INVERSIONES CESARM LLC | f Limited Liability Company) |
| (:vaine o | TERRING Elability Company) |
| The enclosed member, resignation or dis | ssociation and fee(s) are submitted for filing. |
| Please return all correspondence concer- | ning 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 | 786 5699706 at () |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made pays | able to the Florida Department of State for: |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| . Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 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 Flor | ida Department |
|---------------------|------------------------------|----------------------------------------|-----------------|
| of State is: | RSIONES CESARM LLC | | |
| 2. The Florida docu | ıment/registration number as | ssigned to this limited liability comp | any is: |
| L23000027329 | | | |
| 3. The date this me | mber/manager withdrew/res | igned or will withdraw/resign is: | oruary 15, 2023 |
| Carola Olses | | . hereby withdraw/resign as a | |
| (Print N | ame of Person Resigning) | hereby withdraw/resign as a | |
| Member/Manager | | | |
| - | (Print Title) | | |
| resignation in wr | iting | ne limited liability company has beer | notified of my |
| Signature of D | issociating Member or Resig | gning Manager | |
| | \$25.00 (Required) | | 202 |
| Certified Copy: | \$30.00 (Optional) | | ~ |