

L230000039498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

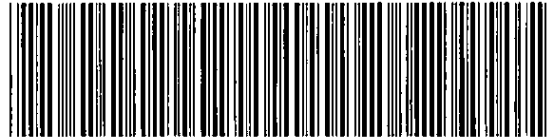
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



300414826513

09/05/23--01026--004 \*\*25.00

2023 SEP -5 PM 12:40

Division of Court  
Office of Court  
Clerk of Court

RECEIVED  
E. HUNT  
09/05/23

7

,

8.

**SUBJECT:** TAYRONA CAPITAL CITIES LLC  
(Name of Limited Liability Company)

Please return all correspondence concerning this matter to:

TAYRONA CAPITAL CITIES LLC

---

(Firm/Company)

HALEAH, FL. 33015

---

(City/State and Zip Code)

GLORIA CONTRERAS at ( 305 ) 231-7212  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**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: TAYRONA CAPITAL CITIES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1,230,000,39498

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/07/2023

4. I, DAVID CASTRILLON MONTOYA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

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

David Castillon Montoya  
Signature of Dissociating Member or Resigning Manager

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

2023 SEP -5 PM 12:40  
DIVISION OF CORPORATIONS