L23000090081

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COVER LETTER

Registration Section **Division of Corporations** C.D.M.FLORIDLLC 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: IBALDIS MARTINEZ (Contact Person) C.D.M.FLORIDALLC (Firm/Company) 6911 SW 9TH STREET (Address) PEMBROKE PINES, FL 33023 (City/State and Zip Code) For further information concerning this matter, please call: IBALDIS MARTINEZ (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 Mailing Address: Street 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

TO:



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)

	limited liability company as	it appears on the records of the Flori	ida Departi	ment .
2. The Florida doct L23000090087	ument/registration number as	ssigned to this limited liability compa	any is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	07/2023	
4. l,	CER CUADRADO jume of Person Resigning) COO	, hereby withdraw/resign as a		
	(Print Title)			·
resignation in wr		e limited liability company has been liability company has li	notified of 2029 JUN 12	fmy
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ָאָסאַבָּב, רַבּייִייִייִּיִּיִּיִּיִּיִּיִּיִּיִּיִּיִ	NICE PH 1: 4.	