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(F	Requestor's Name)	
(<i>F</i>	Address)	
(F	Address)	
	Dity/State/Zip/Phone #	n
(C	ntyrotaterziprenone #	•)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)
(C	Pocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Massive Crushers, LLC (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:	
Rafael Ramos (Contact Person)	
Massive Crushers LLC (Firm/Company)	ri. 1:03
1420 Waltham Aue. (Address)	Modern of the state of
Belle Isle FL 32809 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Rofael Ramos at (407) 922-9192 (Name of Contact Person) (Area Code & Daytime Telephone Number	 er)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing 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	e limited liability company as it appears on the recor	ds of the Florida	Department
of State is:	Massive Crushers, LLC	<u>, </u>	
2. The Florida doc	ument/registration number assigned to this limited li	iability company	is:
L23	200126998		
3. The date this me	ember/manager withdrew/resigned or will withdraw/	resign is: <u>2 - 5</u>	5-24
4. I, Reface	Ramos, hereby withdraw	/resign as a	
Am	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the limited liability comp	any has been noti	fied of my
DI H	issociating Member or Resigning Manager		2024 FEB
Signature of Di	ASSOCIATING Member of Resigning Manager	÷ ;	57 .
	\$25.00 (Required) \$30.00 (Optional)	3	∰ .; .;