

L23000142558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

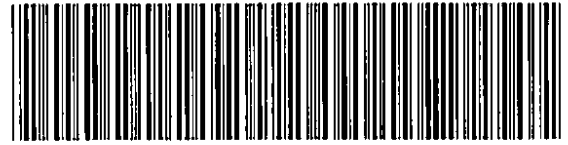
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J DENNIS

JUL 27 2023

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05/30/23--01023--027 \*\*55.00

FILED  
SECRETARY OF STATE  
OF CONNECTICUT  
2023 MAY 30 AM 9:09

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPRING FORTRESS USA INVESTMENTS 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:

Carlos Augusto Dias de Frenas

(Contact Person)

SPRING FORTRESS USA INVESTMENTS LLC

(Firm/Company)

903 Towhee Ct

(Address)

Celebration, Florida, 34747

(City/State and Zip Code)

For further information concerning this matter, please call:

Marcos Paulo Pinheiro

(Name of Contact Person)

at ( 321 )

445-9952

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

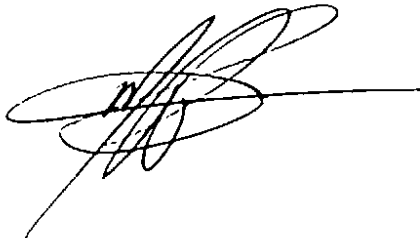
Mailing Address:

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

CR21:079 (2/14)





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: SPRING FORTRESS USA INVESTMENTS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
FE/EIN 92-3220467 / Doc Number L23000142558

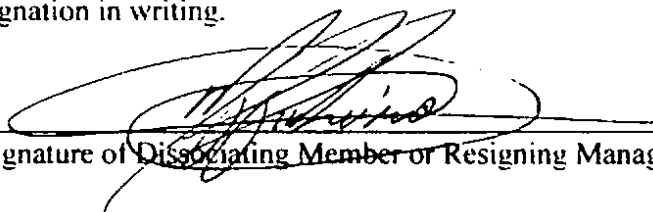
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/11/2023

4. I, Marcos Paulo Pinheiro, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Title MGR

*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 MAY 30 AM 9:09