## 123000157223

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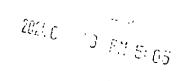
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10/18/24--01006--022 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SINTRA EVEN (Name of Limit	TS 2 DESIGN, LLC ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Vera Kalsallang (Contact Person)	
Sintra Frents 2 Degis	jn, llc
630 SE15 47 St, Unit1	, Fort lauderdale
Fort (and odde) FL 33316 (City/State and Zip Code)	······································
For further information concerning this matte	r. please call:
Vera Kabalking de Jesus Garlie (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$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





## 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: S	INTRA EVENTS & DESIGN, LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
<u>L23000</u>	0157223
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{09/30/2}{202}$
4.1. <u>Vera C. k</u> (Print N	abalking de Jesus Garuq, hereby withdraw/resign as a fame of Person Resigning)
<u>(</u> e	C (Prim Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
VIZ.	4660
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)