

L23000188082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

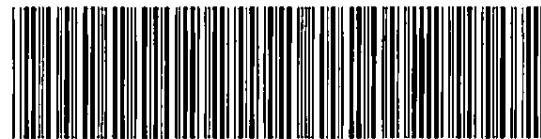
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

\$5.00



200421883402

01/17/24--01004--005 *\$50.00

03/19/24--01001--016 *\$5.00

2024 MAR 19 PM 2:57

Office Use Only

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARIA Visuals Production
(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:

Daniel Garcia
(Contact Person)

ARIA Visuals Production
(Firm/Company)

3500 Silver Lake Ln. 49
(Address)

Boynton Beach FL 33436
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Garcia at (561) 370-9498
(Name of Contact Person) (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



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: Alia Visuals Production

2. The Florida document/registration number assigned to this limited liability company is:

912 - 3609465

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

4. I, Benjamin Garcia, hereby withdraw/resign as a
(Print Name of Person Resigning)

(Print Title)

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

Benjamin Garcia

Signature of Dissociating Member or Resigning Manager

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2024

DANIEL GARCIA
3510 SILVER LACE LN. 49
BOYNTON BEACH, FL 33436

SUBJECT: ARIA VISUALS PRODUCTION LLC
Ref. Number: L23000188082

We have received your document for ARIA VISUALS PRODUCTION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$5.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 124A00002732

(l c/s
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