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(Req	uestor's Name)	
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Certified Copies	Certificates	of Status
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COVER LETTER

Division of Corporations IMPFE LLC **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: Carola Olses (Contact Person) Cales W LLC (Firm/Company) 21040 NE 2nd CT (Address) Miami FL 33179 (City/State and Zip Code) For further information concerning this matter, please call: Carola Olses (Area Code & Daytime Telephone Number) (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 P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Registration Section



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)

	ument/registration number a	ssigned to this limited liability compan	ıy 🕃	
L23000190607		ALI	2623 DEC	i j
		signed or will withdraw/resign is:	05. 50 53	8 8 5 5 8
I. I. Natalia Ledezma		, hereby withdraw/resign as an on	P# 7	, , , , , , , , , , , , , , , , , , ,
(Frint 8 Manager	iame of Person Resigning)		7:36	
	(Print Title)			
		he limited liability company has been n	otified o	of my
resignation in wr				