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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : I20130000076 Phone : (305)388-7028 : (305)479-2705 Fax Number

Enter the email address for this business entity to be used for future? annual report mailings. Enter only one email address please.

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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 limit | ed liability company as it a | ppears on the records of the Flo | orida Department | |
|---------------------------|--------------------------------------|------------------------------------|----------------------|-------------|
| of State is: VICMARJE | LLC | | | |
| 2. The Florida documen | t/registration number assign | ed to this limited liability com | pany is: | |
| L23000250295 | | | | |
| 3. The date this member | /manager withdrew/resigne | _ d or will withdraw/resign is: | 0/10/2024 | |
| 4. I, REBECA KASSAB FF | REWA | _, hereby withdraw/resign as a | | |
| AMBR/ SECRETARY / | PRESIDENT | | Ď. | |
| of this limited liability | Title) | nited liability company has bee | m notified of my | · ••• |
| resignation in writing. | | | T 29 | |
| | Cher) | | AĦ S OF S | |
| Signiture of Dissoci | along Member or Kesigning | Manager | AM 9: 44 OF STATE | |
| - | 25.00 (Required) 30.00 (Optional) | | | _å : |