

**L230002201233**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850)617-6383

From:  
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Account Number : I20000000019  
Phone : (305)552-5973  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REYES INSURANCE SOLUTIONS LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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T. LEMIEUX

JUN 21 2023

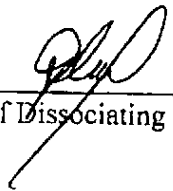


FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: REYES INSURANCE SOLUTIONS LLC
2. The Florida document/registration number assigned to this limited liability company is: L23000265981
3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 12, 2023
4. I, ALEJANDRO GONZALEZ PEREZ, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MEMBER & AUTHORIZED MEMBER  
(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)  
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