## L23 000 268 670

(Reque	stor's Name)			
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(City/St	ate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Busine	ss Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				





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## **COVER LETTER**

-	sion of Corporations			
SUBJECT:	AIR WORLD TREASURE LLC	2		
SOBJECT.	(Name of	f Limited Liability Co	mpany)	
The enclosed	d member, resignation or dis	ssociation and fee(	s) are submitted for filing.	
Please return	all correspondence concerr	ning this matter to:	:	
Carola Olses				
	(Contact Person)		<del>-</del>	
Cales W LLC			— Մ	202
	(Firn/Company)			308
1025 E Halland	dale Beach Bly Ste 15 # 921		VHV THE	BOEC 22
	(Address)			PH PH
Hallandale Bea	ach FI 33099		<u>ئىن</u> سن	31VES 91:4
	(City/State and Zip Code)			मं क
For further i	nformation concerning this	matter, please call	:	
Carola Olses		786 at (	5699706	
4)	lame of Contact Person)		e & Daytime Telephone Number	er)
Enclosed plo	ease find a check made paya g Fee		Department of State for: ng Fee & Certified Copy	
Regi Divi: P.O.	ng Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	iite 810



## 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)

	limited liability company as i		DEC TO
	ument/registration number ass		ity company is H
Natalia Ledezma	mber/manager withdrew/resig		
Manager	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company	has been notified of my
Signature of D	issociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		