L23000300382

| (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: | | | |
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COVER LETTER

| _ | tion Sectior i of Corpora | | | |
|---|------------------------------|---------------------|---|-----------------------|
| SUBJECT: | 921 | CORTEZ | LLC | |
| | | (Name of Lim | ted Liability Company) | |
| The enclosed m | ember, resig | gnation or dissoci | ation and fee(s) are submitted | I for filing. |
| Please return al | l correspond | lence concerning | this matter to: | |
| 00 | 250 1. 7 | e ルム oct Person) | | |
| | (Conta | ect Person) | | |
| 921 | POITEZ | LCC Company) | | |
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| 3/10 SW | 118 ST | Tyll7 dress) | | |
| plian | i Gl. | | | |
| For further info | rmation con | cerning this matt | er, please call: | |
| 108 | 7en | la | at (<u>\$86</u>) <u>4836</u> (Area Code & Daytime Tele | 204 |
| (Nam | e of Contact | Person) | (Area Code & Daytime Tel- | ephone Number) |
| Enclosed please \$4.\$25 Filing F | | k made payable t | o the Florida Department of S S55 Filing Fee & Certifi | |
| ' <u>Mailing A</u> | | | Street Address: | |
| Registration Section | | | Registration S | |
| Division of Corporations P.O. Box 6327 | | tions | Division of C The Centre of | - |
| | see, FL 323 | 14 | | roe Street, Suite 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)

| 1. The name of the li | mited liability company | y as it appears on the records of the Florida Department |
|---|----------------------------------|---|
| of State is: | 921 COREZ | LLC |
| 2. The Florida docum | nent/registration numbe | er assigned to this limited liability company is: |
| L23000 | 300382 | |
| 3. The date this mem | ber/manager withdrew/ | /resigned or will withdraw/resign is: $\frac{7}{25/2024}$ |
| 4. I, NOSOMÈ | L UNLORS me of Person Resigning) | 517, hereby withdraw/resign as a |
| <u> </u> | rint Title) | · |
| of this limited liabi resignation in writi | | n the limited liability company has been notified of my |
| 165 | | |
| Signature of Diss | sociating Member or Re | esigning Manager |
| Filing Fee: | \$25.00 (Required) | |
| Certified Copy: | \$30,00 (Optional) | |