## L33000 314652

Office Use Only



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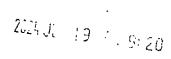


## **COVER LETTER**

TO:	_	ion Section of Corporati	ons					
suвл	ECT:	Somos	Bendec (Name of Lin	: 205	LLC	7071		-
			(Name of Li	nited Liabili	ity Com	pany)		
The en	iclosed me	mber, resign	ation or disso	ciation and	i fee(s)	) are submitte	d for filing.	
Please	return all	corresponde	nce concerning	g this matt	er to:			
	John	Rosend	Person)					
		(Contact	Person)					
_	TMD V	vind om	ompany)	۲5		-		
		(Firm/Co	ompany)					
	702	E 5+5	Ave			-		
		(Addr	css)					
T	ampa,	FL	33605 nd Zip Code)			-		
		(City/State a	nd Zip Code)					
For fu	rther infor	mation conc	erning this ma	tter, please	e call:			
D	aria	Gredy	501	at ( <sup>C</sup> /1	7	<u>, 683.</u>	7-007	_
	(Name	of Contact P	erson)	(Area	a Code	& Daytime Te	elephone Number)	
	sed please 5 Filing Fe		made payable	to the Flo	rida D Filing	epartment of Fee & Certin	State for: fied Copy	,
	Division P.O. Box	ion Section of Corporati				The Centre of	Section Corporations of Tallahassee nroe Street, Suite	e 810

CR2E079 (2/14)





## 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 lin	mited liability company as it appears on the records of the Florida Department
of State is:Sov	mos Bendecidos LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
L23000	D314682
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: _ +/16/24_
4. I, Sherman	ne of Person Resigning), hereby withdraw/resign as a
- AMBR	rint Title)
of this limited liabil resignation in writing	lity company and affirm the limited liability company has been notified of my ng.
Sherman Sherman Taylor (Jul	Taylor 16, 2024 11:49 EDT)
Signature of Diss	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	