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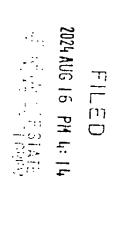
(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
AUG Z 1 2024			

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08/16/24--01016--601 **35.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 480 BUrrstone Lehigh Acres LLC (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Eduardo Flore Z (Contact Person)		
(Firm/Company)		
200 KINGS POINT Dr # 1404		
SUNNY ISLES BEACH FL 33160 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Educido Florez at (780) 399 - 9779 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Bu\$ \\$25 Filing Fee \text{ Certified Copy}\$		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314





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	t appears on the records of the Florida Department
2. The Florida doc: L23000439846	ument/registration number ass	igned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is: 04/14/2024
4. I. WILMAR RIVAS (Print Name of Person Resigning)		
MANAGER & M		
	(Print Title)	
of this limited lia resignation in wr		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)	