L23000545158

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COVER LETTER

SUBJECT: SOFIO pro pressare washing Services (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for mes.		
Please return all correspondence concerning this matter to:		
Miguel A Liveva (Contact Person)		
(Firm/Company)		
17050 NW LISTA AVE (Address)		
Miami Bardons FL 33055 (City/State and Zip Coo-		
For further information concerning this matter, please call:		
Miguel A Live 19 = 1305, 928-0540 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department or State 103. \$25 Filing Fee & Certified Copy		
<u>Mailing Address:</u> Registration Section Street Address: Registration Section		

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Section

Division of Corporations



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)

. The name of the limited liability company as it appears on the	e records of the Florida Department
of State is: SOFIO Pro Pressure w	ashing services.
2. The Florida document/registration number assigned to this lir	nited liability company is:
L23000545758	
3. The date this member/manager withdrew/resigned or will wit	hdraw/resign is: $\frac{2/23/24}{}$
4. 1. Migus / A Livery hereby wir	
Mungger/coowner	7 A 2021
of this limited liability company and affirm the limited liability resignation in writing.	y company has been notified of my
MAS	
Signature of Dissociating Member or Resigning Manager	· · ·
Filing Fee: \$25.00 (Require)	

Certified Copy: \$30.00 (Optional)