(Requestor's Name)
(Address)
V 32 337
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400421866567 PH 1: 12

JALLAHASSEE FLORIDA 2024 JAN 29 PM 4: 04

HETEIVED

3

40

## **COVER LETTER**

TO:	_	stration Section sion of Corporations			
SUBJ		DROPOXY LLC			
		(Name of Limi	ited Li	iability Co	ompany)
The e	nclosed	d member, resignation or dissocia	ation	and fee	(s) are submitted for filing.
Please	return	all correspondence concerning t	this r	natter to	:
		VANESSA TORRES			
		(Contact Person)			_
		ALL AMERICAN PERMITS LLC			
		(Firm/Company)			_
		6801 NW 77TH AVE SUITE 103			
		(Address)	•		<del></del>
		MIAMI F1. 33166			
		(City/State and Zip Code)			<del></del>
For fu	irther ii	nformation concerning this matte	er, plo	ease call	l:
	V	ANESSA TORRES	at (	305	501-4791 )
	(N	ame of Contact Person)	_ ~	Area Cod	le & Daytime Telephone Number)
	sed ple 5 Filing	rase find a check made payable to g Fee			Department of State for:  1g Fee & Certified Copy
		ng Address: stration Section			Street Address: Registration Section
	•	sion of Corporations			Division of Corporations
		Box 6327			The Centre of Tallahassee
	Talla	hassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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)

	e limited liability company as	s it appears on the records of t	he Florida Depar	tment		
		ssigned to this limited liability	y company is:			
DUVANIANDA	ES REDDO	gned or will withdraw/resign is: 01/23/2024				
of this limited lia resignation in w		ne limited liability company h	as been notified c	of my		
Signature of D	انssociating Member or Resig	ning Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2024 JAN Seches Talla	ال		