124 0000 20092

| (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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Office Use Only



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| TO: | 3 | | |
|---------|---|-----------------------|--|
| | Division of Corporations | | |
| SUBJ | JECT: | | |
| | (Name of I | Limited Liability Cor | mpany) |
| The e | nclosed member, resignation or diss | ociation and fee(s | s) are submitted for filing. |
| Please | e return all correspondence concerni | ng this matter to: | |
| LIND. | A IFIGENIA DOWNING | | |
| | (Comact Person) | | _ |
| LEDH | ELC | | |
| | (Firm/Company) | | _ |
| 2909 \$ | SATIRE ST | | |
| | (Address) | | _ |
| KISSE | ммее | | |
| - | (City State and Zip Code) | | _ |
| For fi | irther information concerning this m | atter, please call: | |
| LIND. | A IFIGENIA DOWNING | 904 at (| 945-8393 |
| | (Name of Contact Person) | | & Daytime Telephone Number) |
| | sed please find a check made payabl 5 Filing Fee | | Department of State for: g Fee & Certified Copy . |
| | Mailing Address: | | Street Address: |
| | Registration Section Division of Corporations | | Registration Section Division of Corporations |
| | P.O. Box 6327 | | The Centre of Tallahassee |
| | Tallahassee, 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)

| | limited liability company as | it appears on the records of the F | Torida Departm | ent |
|--------------------|---|---|-------------------|---------|
| 2. The Florida doc | ument/registration number as: | signed to this limited liability cor | mpany is: | |
| 4. I. EMILIO ENRIQ | HE DOWNING HIDALGO | gned or will withdraw/resign is:, hereby withdraw/resign as | | _ |
| | | e limited liability company has bo | een notified of r | ny |
| Filing Fee: | ssociating Member or Resign \$25.00 (Required) \$30.00 (Optional) | ing Manager | 202 1 | |