L24000039713

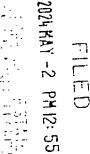
(Requ	uestor's Name)	
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COVER LETTER

TO: ~Registration Section Division of Corporations	. "
SUBJECT: OSIELEI (Name of Limite	M LLC ad Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
ELENA Perez de la (Contact Person) Loudo (Firm/Company)	PAZ
6610 NW 71ST CT. (Address)	
TAMARAC, FL 33321 (City/State and Zip Code)	
For further information concerning this matter	, please call:
Elena Pevez de la Paz (Name of Contact Person)	at (786) - 704 - 7897 (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: OSIELEM LLC
2. The Florida document/registration number assigned to this limited liability company is:
L24000039713
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4\27\2024
4. I. Osinis Maninas Banban, hereby withdraw/resign as a (Print Name of Person Resigning)
President (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
At
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 Required) Certified Copy: \$30.00 (Optional)