## 24000047708

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		



04/08/24--01014--010 \*\*25.00

SECRETARY LL STATE

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## COVER LETTER

**Registration Section** TO: **Division of Corporations** 

NEXT CEILING LLC SUBJECT:

(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:

SEVERO ORTIZ

(Contact Person)

NEXT CEILING LLC

(Firm/Company)

10524 MOSS PARK RD STE 204 #739

(Address)

ORLANDO, FL 32832

(City/State and Zip Code)

For further information concerning this matter, please call:

SEVERO ORTIZ 352 530-0795 at ( (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy

**Mailing Address: Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

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## 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 Florida document/registration number assigned to this limited liability company is L24000047708
  The date this member/manager withdrew resigned or will withdraw resign is:
  MAXIMILIANO ROJAS
  hereby withdraw resign as an ...

(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Mon Asfais Signature of Dissociating Member of Resigning Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)