1 24000060531

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COVER LETTER

TO:	Registration Section			
	Divis	sion of Corporations		
SUBJ	ECT:	15221 SW 403 LLC		
		(Name o	f Limited Liability Co	ompany)
The e	nclosed	I member, resignation or dis	ssociation and fee((s) are submitted for filing.
Please	return	all correspondence concert	ning this matter to	:
EDUA	RDO R	IUSECH, ESQ.		
-		(Contact Person)		_
				_
		(Firm/Company)		
8844 S	W 60 S	TREET		
		(Address)		
MIAM	I, FLOR	RIDA 33173		
		(City/State and Zip Code)		_
For fu	rther in	nformation concerning this	matter, please call	:
EDUA	RDO RI	USECH	305 at (495-4107)
	(N	ame of Contact Person)		e & Daytime Telephone Number)
		ase find a check made paya		•
■ \$2:	5 Filing	y Fee	□ \$55 Filin	g Fee & Certified Copy
		ng Address:		Street Address:
		stration Section ion of Corporations		Registration Section 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)

of State is: 15221 SW 403 LLC	
2. The Florida document/registration number assigned to this limit 1.24000060531	ed liability company is:
3. The date this member/manager withdrew/resigned or will withd	raw/resign is:
4. I. EDUARDO RIUSECH, hereby withdown, hereby withdown	lraw/resign as a
MGR	
(Print Title)	2024 F
of this limited liability company and affirm the limited liability company	ompany has been notified of my,
resignation in writing.	□ 1. 1. 1.

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)