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COVER LETTER

Division of Corporations Resignation or Dissociation of Member or Manager 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: DANIEL ALVAREZ CORONADO (Contact Person) lamel Alvarez G458 & CO. LLC (Firm/Company) 11390 SW 3RD STSUITE 11390 (Address) PEMBROKE PINES, FL 33025 (City/State and Zip Code) For further information concerning this matter, please call: DANIEL ALVAREZ CORONADO 786 8430656 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **■** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO:

Registration Section



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)

G458	limited liability company as & CO. LLC	s it appears on the records of the	e Florida De	epartment
2. The Florida docu	ument/registration number a	ssigned to this limited liability	company is	:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign i	03/04/202 s:	4
4. I.	GERTT MORALES,	, hereby withdraw/resign	asīa S	
(Print N	lame of Person Resigning)		7 2	esta:
MANAGER			2021 HÁR	- T
· · · ·	(Print Title)			1 1 1 11 11 11 11 11 11 11 11 11 11 11
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability company has		•
N Pa	non Vagae	will Mortales	· · · · · · · · · · · · · · · · · · ·	;
_Signature of D	issociating Member of Resig	gning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			