## L24000088501

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## COVER LETTER

TO: Registration Section Division of Corporations Movimientalatino LL (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: Dilmois Kivera Carven Solution Center LC 339 Riky Circle Mclond, 41: 32724 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) 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

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Registration Section

P.O. Box 6327

Division of Corporations

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 li	ability company as it appears on the records of the Florida Department
of State is:	nientolatino LLC
2. The Florida document/reg	distration number assigned to this limited liability company is:
L240000	<u>88501</u>
3. The date this member/ma	nager withdrew/resigned or will withdraw/resign is: 03/20[202
4. I. Nathaly H. O. Print Name of Per	Colo June of hereby withdraw/resign as a son Resigning)
M G C	<del>.</del>
of this limited liability con resignation in writing.	npany and affirm the limited liability company has been notified of my
_ Nortory	Marie La
Signature of Dissociating	Member or Resigning Manager
Filing Fee: \$25.0	
Certified Copy: \$30.0	O (Optional)