## L24000091839

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
	-
<del></del>	
Special Instructions to Filing Officer:	





600426176336

08/22/24--01021--023 \*\*25.00





## 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	y company as it ap	pears on the recor	rds of the F	lorida	Departi	ment
of State is:	+QUA	SPACE	ENTER	PR15E	5	24	<u>C</u> .
2. The Florida docu	ıment/registrati	on number assign	ed to this limited l	liability cor	npany	is:	
1240	00091	1839					
3. The date this me	mber/manager	withdrew/resigned	l or will withdraw	/resign is: _	Har	2h 7	,2024
4. I, JUCA (Print N	CACECE Jame of Person Re	:5 signing)	, hereby withdraw	v/resign as	a		
AP	(Print Title)				SECRET TALL	2024 HAR	THE PART OF THE PA
of this limited lial	bility company	and affirm the lim	ited liability comp	pany has be	car jigi	ifice of	f my=
of this limited lial resignation in writer	iting.	PH			Y OF STATE	PH 3: 08	Topological Comments of the Co
Signature of Di	ssocialing Men	nber or Resigning	Manager		<u>, m</u>	α	
Filing Fee:	\$25.00 (Red	quired)					
Certified Copy:	\$30.00 (Op	tional)					

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AQUA SPACE Enterprises LLC (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:
Susana Olive (Contact Person)
AQUA SPACE Enterprises LLC (Firm'Company)
15508 Fort Clatsop Cres  (Address)  Winter Gordon, FL 34787  (City/State and Zin Code)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  Susono Olivo at (305) 7337680 [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 SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee