

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305)444-6226
Fax Number : (305)442-4829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ESO HOLDING MASTER, LLC**

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Corporate Filing Menu

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K. SALY

DEC 10 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESO HOLDING MASTER, 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:

LAURA KOHN

(Contact Person)

ARAZOZA & FERNANDEZ-FRAGA P.A.

(Firm/Company)

2100 SALZEDO STREET, SUITE 300

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA@ARAZOZA.COM

(Name of Contact Person)

at (305) 4446226 Ext 233
(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:
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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2024 DEC 10 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 company as it appears on the records of the Florida Department of State is: ESO HOLDING MASTER, LLC
2. The Florida document/registration number assigned to this limited liability company is: L24000106348
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/05/2024
4. I, KEVIN L. GIBSON, hereby withdraw/resign as a
(Print Name of Person Resigning)
AUTHORIZED PERSON (AP)
(Print Title)

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

X

[Signature]
Signature of Dissociating Member or Resigning Manager

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