## L24000229585

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
JUN 25 2024			

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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations		
SUBJECT:	~ -	
	imited Liability Con	npany)
The enclosed member, resignation or disso	ociation and fee(s	) are submitted for filing.
Please return all correspondence concernir	ng this matter to:	
Hortencia Perrusquia		
(Contact Person)		-
(Firm/Company)		-
600 Crystal Lake Drive		_
(Address)		
Cocoa/FL 32926		
(City/State and Zip Code)		-
For further information concerning this ma	itter, please call:	
Horteneia Perrusquia	321 at (	9867039 }
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable		•
■ \$25 Filing Fee	□ \$55 Filing	g Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section 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)





## 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)

	limited liability company a	s it appears on the records of the Florida Department
2. The Florida docu	ment/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
May III. Decom-		, hereby withdraw/resign as a
Manager	, v c	
	Print Title)	
of this limited lial resignation in wri		he limited liability company has been notified of my
	alifland	
Signature of Di	ssociating Member or Resi	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	