## L24000214828

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) Old (Only)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomson Chan, Merror,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE JUL 15 2024

Office Use Only



200431690002

08/24/24--01025--018 \*\*55.00



## **COVER LETTER**

	_	tration Section ion of Corporations				
SUBJECT:		Moreira New Construction LLC				
., 0 2, 12	···	(Name of Limited Liability Company)				
The enc	losed	member, resignation or disse	ociation and fee(	s) are submitted for filing.		
Please r	eturn	all correspondence concerni	ng this matter to:			
Lazaro M	1oreira	n Rodriguez	•			
		(Contact Person)		_		
Moreira l	New C	Construction LLC				
		(Firm/Company)		_		
12707 W	orche	ster Ave				
		(Address)		_		
Tampa, F	1 3362	24.				
		(City/State and Zip Code)		_		
For furtl	her in	formation concerning this ma	atter, please call:			
Lazaro M	loreira	Rodriguez	786 at (	907-8848		
	(Na	ame of Contact Person)		& Daytime Telephone Number)		
Enclose∈ □ \$25 I	-	ise find a check made payabl Fee		Department of State for: g Fee & Certified Copy		

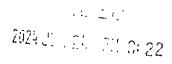
Mailing Address:

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





## 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)

	ne limited liability company as	s it appears on the records of the	e Florida Department
2. The Florida do 1.24000264828	ocument/registration number a	ssigned to this limited liability	company is:
Yandry Brane	acho Rodriguez	signed or will withdraw/resign i	
4. 1	t Name of Person Resigning)	, nereby windraw/resign	as a
	(Print Title)		
of this limited l resignation in v		ne limited liability company has	been notified of my
-A			
Signature of	Dissociating Member or Resig	gning Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30,00 (Optional)