

L24000289838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

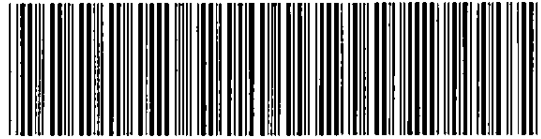
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10/02/24--01028--007 \*\*55.00

LLC Resignation or  
dissociation of  
member / msd

FILED  
2024 OCT -2 PM 12 51  
CLERK OF COURT  
JANUARY 1, 2025

A. RAMSEY

OCT 17 2024

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOS HEROES, 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:

SAMANTHA BRATTER

(Contact Person)

THE BRATTER AGENCY LLC

(Firm/Company)

1688 MERIDIAN AVENUE STE 310

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

SAMANTHA BRATTER

at (305) 582-2381

(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:**

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



FILED

2024 OCT -2 PM 12 51

OFFICE OF THE CLERK OF THE  
STATE OF FLORIDA

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 company as it appears on the records of the Florida Department of State is: DOS HEROES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L24000289838

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/27/2024

4. I, LEOPOLDO GOUT, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

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

A handwritten signature in black ink, appearing to read "Leopoldo Gout", written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

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