L24000316084

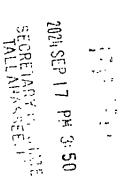
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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09/17/24--01080--080 **85.00



COVER LETTER

	vision of Corporations					
SUBJEC [*]	RESIGNATION OF MANAGER					
502020		(Name of Limited Liability Company)				
The enclo	sed member, resignation or dissociation and f	fee(s) are submitted for filing.				
Please retu	urn all correspondence concerning this matter	r to:				
CHANY C	ORREA CUERVO					
	(Contact Person)					
12251 SW	16TH COURT, 106C, LLC					
	(Firm/Company)	2024 SEI				
11451 LAK	KESIDE DRIVE APT# 3107	SEP				
	(Address)					
DORAL, F	L 33178	2024 SEP 17 PH 3: 50 SECRETARY SEE STE				
	(City/State and Zip Code)					
For furthe	er information concerning this matter, please of					
CHANNY	CORREA CUERVO 786	803-1051				
		Code & Daytime Telephone Number)				
Enclosed □ \$25 Fil	please find a check made payable to the Flori- ling Fee	da Department of State for: iling Fee & Certified Copy				
Re Di P.G	egistration Section levision of Corporations O. Box 6327 allahassee, 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)

1. The name of the limited liability company as it of State is:	appears on the records of the Florida Department
2. The Florida document/registration number assi	gned to this limited liability company is SER
3. The date this member/manager withdrew/resign 4. I, WILLIAM CUERVO (Print Name of Person Resigning) MANAGER	
of this limited liability company and affirm the limited liability company and	limited liability company has been notified of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

COVER LETTER

TO:	Registration Section	•			
	Division of Corporations				
	7				
SUB.	RESIGNATION OF MANAGER JECT:				
		imited Liability Cor	прапу)		
The e	enclosed member, resignation or disso	ociation and fee(s	are submitted	l for filing.	
Pleas	e return all correspondence concerni	ng this matter to:			
CHA	NY CORREA CUERVO				
	(Contact Person)		_		
12251	SW 16TH COURT, 106C, LLC				
	(Firm/Company)		_		
11451	LAKESIDE DRIVE APT# 3107				
	(Address)		<u></u>		
DOR	AL, FL 33178				
	(City/State and Zip Code)		_		
For fi	urther information concerning this m	atter, please call:		2021 S SECR	gles 1
CHA	NNY CORREA CUERVO	786 at (803-1051	EP T	
	(Name of Contact Person)		& Daytime Tel	ephone Number)	٠.
Enclo	osed please find a check made payabl	le to the Florida I	Department of S	State for ω	****
	25 Filing Fee		g Fee & Certifi	——	
Mailing Address: Registration Section			Street Address: Registration Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
	Tallahassee, FL 32314			roe Street, Suite	810
			Tallahassee, I	•	

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)

	The name of the limited liability company as it appears on the records of the Florida Department of State is:
2. ′	The Florida document/registration number assigned to this limited liability company is: L24000316084
3. 1 4. 1	The date this member/manager withdrew/resigned or will withdraw/resign is: WILLIAM CUERVO (Print Name of Person Resigning) O9-13-2024 (Print Name of Person Resigning)
	MANAGER WILLIAM CUERVO , hereby withdraw/resign as a complete of Person Resigning) MANAGER
0 r	f this limited liability company and affirm the limited liability company has been notified of my esignation in writing. Signature of Dissociating Member or Resigning Manager
_	ing Fee: \$25.00 (Required) rtified Copy: \$30.00 (Optional)