M 23 6660 8879

Office Use Only



600435949976

09/05/24--01015--008 **25.00





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FRPEM LLC (Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
Di EGO DE CARRIL (Contact Person)	_
FRPEM LLC (Firm/Company)	2024 SEF
7000 TSIAND DW APT 305	2024 SEP - 5 AM 9: 10 STALL AHASSEL, FL
AVENTURA, FL 33160 (City/State and Zip Code)	
For further information concerning this matter, please call	::
(Name of Contact Person) at (305) (Area Cod) 927 - 96 43 le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida ☐ \$25 Filing Fee ☐ \$55 Filing	Department of State for: ng 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)

1. The name of the limited liability company as it appears on the results of the limited liability company as it appears on the results of the limited liability company as it appears on the results of the limited liability company as it appears on the results of the limited liability company as it appears on the results of the limited liability company as it appears on the results of the limited liability company as it appears on the results of the limited liability company as it appears on the results of the limited liability company as it appears on the results of the limited liability company as it appears on the results of the limited liability company as it appears on the results of the limited liability company as it appears on the results of the limited liability company as it appears on the results of the limited liability company as it appears of the	ecords of the Florida Department
of State is: FRPEM LLC	·
2. The Florida document/registration number assigned to this limit	ted liability company is:
M13000008879	
3. The date this member/manager withdrew/resigned or will withd	
4. I, FEDERICO REINICLE, hereby without (Print Name of Person Resigning)	draw/resign as a
MANAGER (Print Title)	2024 SE
of this limited liability company and affirm the limited liability or resignation in writing.	company has been notified of my
	AM 9: 10
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)