

L24000316084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

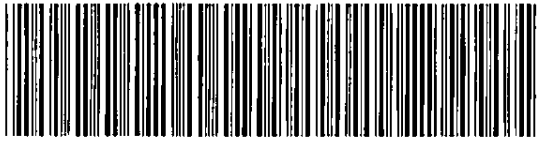
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900436451929

09/17/24--01030--030 \*\*95.00

2024 SEP 17 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RESIGNATION OF MANAGER  
\_\_\_\_\_  
(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:

CHANY CORREA CUERVO  
\_\_\_\_\_  
(Contact Person)

12251 SW 16TH COURT, 106C, LLC  
\_\_\_\_\_  
(Firm/Company)

11451 LAKESIDE DRIVE APT# 3107  
\_\_\_\_\_  
(Address)

DORAL, FL 33178  
\_\_\_\_\_  
(City/State and Zip Code)

2024 SEP 17 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

CHANNY CORREA CUERVO at ( 786 ) 803-1051  
\_\_\_\_\_  
(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



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: 12251 SW 16TH COURT, 106C, LLC

2. The Florida document/registration number assigned to this limited liability company is L24000316084

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09-13-2024

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

MANAGER  
*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

2024 SEP 17 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RESIGNATION OF MANAGER  
\_\_\_\_\_  
(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:

CHANY CORREA CUERVO  
\_\_\_\_\_  
(Contact Person)  
  
12251 SW 16TH COURT, 106C, LLC  
\_\_\_\_\_  
(Firm/Company)  
  
11451 LAKESIDE DRIVE APT# 3107  
\_\_\_\_\_  
(Address)  
  
DORAL, FL 33178  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHANNY CORREA CUERVO at (786) 803-1051  
\_\_\_\_\_  
(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

2021 SEP 17 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)

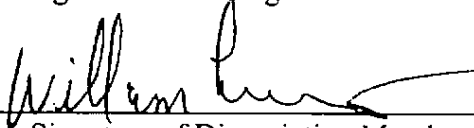
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 12251 SW 16TH COURT, 106C, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L24000316084

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09-13-2024

4. I, WILLIAM CUERVO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2024 SEP 17 PM 3:00