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(Requestor's Name)	
(Address)	
(later star,	
(Address)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
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(Document Number)	
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COVER LETTER

TO:		stration Section sion of Corporations		
CUD	IECT:	Terrori Connections LLC		
SUBJ	ECI:	(Name of Limited L	iability Comp	pany)
The e	nclose	d member, resignation or dissociation	and fee(s)	are submitted for filing.
Pleas	e retun	n all correspondence concerning this i	matter to:	
Jeffrey	/ Luidvi	novsky		
		(Contact Person)		
Terroi	r Conne	ctions LLC		
		(Firm/Company)		
8517	Gunn H	wy	- -	
	-	(Address)		
Odess	sa, FL 33	3556		
	-	(City/State and Zip Code)		
For f	urther	information concerning this matter, p	lease call:	
Jeffre	y Luidv	inovsky at (305	915-1077
	(1			& Daytime Telephone Number)
	osed pl 25 Filii	lease find a check made payable to the ng Fee	e Florida D \$55 Filing	Pepartment of State for: § Fee & Certified Copy
	Reg Div P.O	ling Address: gistration Section ision of Corporations b. Box 6327 lahassee, 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)

	limited liability company as it appears on the records of the Florida Department ir Connections LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: October 16, 2023
Dufaal Nava	, hereby withdraw/resign as a lame of Person Resigning)
Manager and Men	nber
	(Print Title) bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Ū	\$25.00 (Required)
Certified Conv.	\$30.00 (Ontional)